



Registration Form

Friday, June 6th 2008

12:00PM Registration and Lunch

1:30PM Shotgun Start

6:30PM Cocktails (Cash Bar)

7:00PM Dinner

Bloomington Golf Club
181 Glen Ellyn Road,
Bloomington, IL

Space is limited,
please register early!!!

**For on-line Donations,
Registration, and Hole
Sponsorships please visit
www.alexianfoundation.org**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Who would you like to golf with?

Name: _____

Name: _____

Name: _____

Registration		# of Registrants	Total Enclosed
Golf/Cart	\$100.00	_____	\$ _____
Golf/Cart/Dinner	\$125.00	_____	\$ _____
Dinner Only	\$50.00	_____	\$ _____
Hole Sponsorship	\$100.00	# of holes _____	\$ _____

Donation to support the Alexian Brothers Hospital Network MammaCare Program
Donation Amount: \$ _____

**Sponsorship Opportunities: \$100 Hole Sponsorships, Business, Family, or Group
Make Checks payable to the Alexian Brothers Foundation**

(Tax deductible information will be provided)

Please charge \$ _____ to my Visa AMEX Discover MC

Cardholder's Name _____ Signature _____

Acct. No. _____ Exp. Date _____

*****Raffle Prize Donations/Volunteers Needed*****

Contact: John Menton Home: (847) 384-1164 Cell: (847) 514-3129

Jim Locaciato Home: (847) 515-7507 Cell: (708) 420-3427

*****Please mail registration form and payment by 5/23/08 to*****

**John Menton, 300 N. Seminary, Park Ridge, IL 60068 or
Jim Locaciato, 13429 Glenwood Drive, Huntley, IL 60142**