SEVENTH ANNUAL
MINDEN CHARITY CLASSIC GOLF TOURNAMENT
JUNE 4-5-6 2010

SPONSOR FORM

SPONSOR NAME_____

_____I will not enter a team, but wish to be a named sponsor for the event.

_____I will enter a team.

1st Team Member NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE #_____AGE_____SHIRT SIZE____

HANDICAP_____HOME COURSE_____

2nd Team Member NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE #_____AGE_____SHIRT SIZE____

HANDICAP_____HOME COURSE_____

Carts provided and included in sponsor package,Arrangements for additional carts for observers must be made with the Pro Shop at The Grove***

***Please Mail Check and Entry Form to: Minden Charity Classic, Inc.
P.O. Box 917
Minden, LA 71058

So that we may plan more efficiently, your response before April 23, 2010 is greatly appreciated. Thank you again for your support of this effort.