

23rd Annual Alumni & Friends Golf Classic Registration Form

Golf Registration \$135 per individual golfer \$540 per foursome

Registration Information *(Deadline June 11, 2021)*

Please print:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Method of Payment:

_____ Please indicate the number of golfers for which you are paying.

Check enclosed *(Please make checks payable to the University of Michigan)*

Credit Card *(Please check one)*

Visa Mastercard Discover American Express

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

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Individual Golfer** *(Please print)*

Name: _____

***Individual golfers will be placed with a foursome.*

Foursome *(Please print)*

Name: _____

Name: _____

Name: _____

Name: _____

To register for golf, please return this form to:

University of Michigan School of Dentistry Office of Alumni Relations & Development

1011 N. Univeristy Suite 1420, Ann Arbor, MI 48109 or Fax: 734-615-6285