14th Annual

WMS Golf Benefit

Registration Form

Part 1: Information ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Team Captain:_____
Email: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone:_____
Birthday:_____

Name: _____
Email: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone:_____
Birthday:_____

Name: _____
Email: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone:_____
Birthday:_____

Name: _____
Email: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone:_____
Birthday:_____

Part 2: Payment ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Fees: ____ golfers at $100 = _____
____ golfers at $75* = _____
Total Enclosed = _____

Make your check payable to Western Mennonite
Mail to: Western Mennonite School
Attn: Golf Benefit
9045 Wallace Rd NW
Salem, OR 97304

*student price (though grade 12)