

ALUMNI GOLF CLASSIC REGISTRATION

Your Name: _____ Class of _____ Friend of WA Former Faculty
2nd Team Member: _____ Class of _____ Friend of WA Former Faculty
3rd Team Member: _____ Class of _____ Friend of WA Former Faculty
4th Team Member: _____ Class of _____ Friend of WA Former Faculty
Address: _____ *Enclosed Amount (\$75 x No. of persons) \$: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

* Generally each person or family pays only for themselves since ONLY THE ONE WHO PAYS RECEIVES A RECEIPT. Make your check payable to Wisconsin Academy and write "Golf Classic" on the memo line. The amount, less the value of goods and services received, will qualify as a charitable donation for tax purposes. If the golf event is cancelled due to poor weather, no refund will be given; however, the amount eligible for tax purposes will be adjusted accordingly. Since this event is a fundraiser for WA, we seek your understanding on this point. By signing below, I accept that my gift is non-refundable.

Signature: _____ Date: _____

Return the completed form by April 11. Remember to enclose your check and write "Golf Classic" on the memo line. Mail to:

WISCONSIN ACADEMY
Office of Development
N2355 DuBorg Road
Columbus, WI 53925