

**REGISTRATION FOR:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Tel. e-mail

**TEAMMATES IN MY FOURSOME:**

\_\_\_\_\_  
Name Tel.

\_\_\_\_\_  
Name Tel.

\_\_\_\_\_  
Name Tel.

- Put me in a foursome
- Single Player ..... \$225.00
- Tee Sign ..... \$100.00
- Green Sign ..... \$150.00
- Reception/Dinner Only ..... \$100.00
- Donation \_\_\_\_\_

I have enclosed my check for \$ \_\_\_\_\_

**Make check To: *Friends of Long Island Wrestling***

**Mail To: *Friends of Long Island Wrestling*  
*775 Wantagh Ave., Wantagh NY 11793***