

**RESTORATION MINISTRIES
15TH ANNUAL GOLF TOURNAMENT
GOLF REGISTRATION**

NAME: _____ **TELEPHONE:** _____

ADDRESS: _____

EMAIL ADDRESS: _____

_____ **I wish to reserve a foursome for \$1,200. Please list names below.**

_____ **I wish to reserve _____ golfer(s) at \$300/person. Please list name(s) below.**

I cannot attend, but please accept my tax-deductible donation of \$ _____

Please make your check payable to *Restoration Ministries, Inc.*

My foursome includes:

1. Name: _____ **Telephone:** _____

Address: _____

Email: _____

2. Name: _____ **Telephone:** _____

Address: _____

Email: _____

3. Name: _____ **Telephone:** _____

Address: _____

Email: _____

4. Name: _____ **Telephone:** _____

Address: _____

Email: _____

*Please return this form with your check made payable to Restoration Ministries.
To pay by credit card contact Karen Vrdolyak at 708.333.3370 or karenv@restorationministries.net.*

Restoration Ministries, Inc.
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