

**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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