

Pittsburgh Youth Golf Foundation

May 17, 2010 Golf Outing

ENTRY FORM

Entrant / Contact

Name _____ Handicap _____

Street Address _____

City _____ State _____ Zip Code _____ Phone No. _____

Company Affiliation _____

Email Address Requested _____

If claiming this event for tax purposes, please check this box. Please provide the proper mailing address if different from the above for tax notification purposes.

Other Golfers

Name, Handicap & Email Address

Name, Handicap & Email Address

Name, Handicap & Email Address

Name, Handicap & Email Address

Golfers @ \$ 375 Per Person = \$ _____

\$1400 Foursome = \$ _____

Caddy Requested _____ No _____ Yes

Suggested gratuity per caddy to be paid after the round is \$45

TOTAL ENCLOSED \$ _____

_____ I cannot attend but I have enclosed a donation.

_____ I cannot attend. Please retain my name for the next tournament.

*Please remit payment to: Pittsburgh Youth Golf Foundation
c/o Renee Abrams
1433 Browning Road
Pittsburgh, PA 15206*

Questions: 412-363-3112 office