



St. Ambrose 14th Annual Hit and Giggle



*Saturday August 14, 2010
Shadowood Golf Course
Morning and Afternoon Rounds
Shotgun Start 8:00 a.m. and 1:00 p.m.m.*

Sponsorship/Entry Form

Company _____

Address _____

Representative _____

Telephone _____

Hole Sponsorship (\$100) _____

Sign information if different from company name _____

Golf Entry Fee

\$250.00 _____ Player 1 _____
Foursome entry payment received by 7/17

\$260.00 _____ Player 2 _____
Foursome entry payment received by 7/24

\$70 Individual/\$280 Team _____ Player 3 _____

Player 4 _____

Total Amount Paid \$ _____ PREFER 8:00 a.m. 1:00 p.m. START

Make Checks Payable To: St. Ambrose School

Completed forms and payment can be mailed to 325 S. Chestnut St., Seymour, IN 47274 or turned in at St. Ambrose Parish Office during business hours. Arrangements can also be made for picking up completed forms by contacting Jim McCormick at 522-4502 or any School Commission member.

Payment Received by _____