



2017 Registration Form

A benefit supporting people living with Cystic Fibrosis through diagnosis, treatment and research.

Personal Information

Name:			
Street:		City, State, Zip:	
Phone:		Email:	

Please select your option:

- \$135 per Golfer – *Before August 1st*
 \$150 per Golfer – *After August 1st*

Additional golfers you are registering or with whom you would like to be grouped

Golfer	Name	Phone	Email	Cost
1	Yourself			
2				
3				
4				
Golf Total				\$

Other ways to help

- Cash donation in the amount of \$ _____
 Hole Sponsorship (we will contact you for signage info) \$200
 Gold Sponsorship (includes four golfers and special recognition) \$1,000

Make checks payable to CF Shannon Open

- Check Enclosed
 Please bill my credit card:

- 
 

Card number: _____

Expiration Date: Month _____ Year _____

Name on Card: _____

Billing address (if different from above):

Street _____

City, State, Zip _____

Signature: _____

Mail your completed form to:

The Shannon Open
 643 Hague Avenue
 Saint Paul, MN 55104

OR

Register Online at

www.ShannonOpen.org