



Special Days

**Special Days Camps
16th Annual Golf Outing**



**Monday
July 17, 2017**

GOLFER SIGN UP SHEET

Contact Name: _____ **Phone:** _____

Email: _____ **Number of Golfers attending:** _____

() 1- \$150 () 2 - \$300 () 3-\$450 () 4 - \$600

GOLFER INFORMATION:

Name: _____ **Phone:** _____ **E-Mail:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Name: _____ **Phone:** _____ **E-Mail:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Name: _____ **Phone:** _____ **E-Mail:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Name: _____ **Phone:** _____ **E-Mail:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Your donation may be addressed to:

Special Days Camps
P.O. Box 436
Diamondale, MI 48821

() Check is enclosed. Amount: _____

() I would like to pay by Credit Card: () Visa () MasterCard

Card # _____

Exp. Date ____ / ____ Amount: _____

Signature

If you or your organization would like to be a sponsor, please contact us at: 734.717.5591