

You are invited to participate in the Illinois Center for Autism's 27th Annual Golf Tourney

Registration Form

Please Return with payment to ICA no later than June 11, 2010

Team Information

Team Captain: _____

Contact Information: _____

Team Members: _____

Number of complementary lunches: _____

Number of complementary dinners: _____

I am unable to participate in the tournament, but would like to:

Sponsor a hole \$125
(please give name for sign) _____

Make a donation of _____

Payment Options:

Amount enclosed _____

Please bill prior to event

Check Enclosed (please make checks payable to Illinois Center for Autism)

Mastercard Visa

Card Number _____

Expiration Date _____ 3 digit code _____

Billing Address _____
