

16th ANNUAL
MINDEN CHARITY CLASSIC GOLF TOURNAMENT
May 31, JUNE 1, & 2, 2019

\$1100
SPONSOR FORM

Sponsor Name _____

_____ I will not enter a team but wish to be a named sponsor for the event.

_____ I will enter a team.

1st Team Member NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____ EMAIL _____
AGE _____
HANDICAP _____ HOME COURSE _____

2nd Team Member NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____ EMAIL _____
AGE _____
HANDICAP _____ HOME COURSE _____

***Please Mail Check and Entry Form to:

Minden Charity Classic, Inc.
P.O. Box 917
Minden, LA 71058-0917

So that we may plan more efficiently, your response before April 30th is greatly appreciated. Thank you again for your support of this effort.