17th ANNUAL
MINDEN CHARITY CLASSIC GOLF TOURNAMENT
August 21, 22, 23, 2020

$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 Foundation
P.O. Box 917
Minden, LA 71058-0917

So that we may plan more efficiently, your response before July 17th is greatly appreciated.
Thank you again for your support of this effort.