

# REGISTRATION

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Name

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Address

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City

State

Zip

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Phone

Hdcp.

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Email

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School

---

Years Playing

---

Course Played

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Session Number

Session

---

Date

Check Enclosed    Amount \$ \_\_\_\_\_

Credit Card (check one)

Visa     Mastercard     Discover

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Card Number

Exp. Date

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Signature

Mail to:

**Tom O'Connor**  
**520 CaCrest Dr.**  
**Shorewood, IL 60404**

For further information call Tom O'Connor at:

**Ph. 815-557-3524 • Fax 815-740-3841**