

REGISTRATION FORM

Mail check & registration form to:
WALA - Wisconsin Assisted Living Association
2875 Fish Hatchery Road
Madison, WI 53713
608/288-0246 FAX: 608/288-0734
email: info@ewala.org

*I'll be there for the 2005
WALA Autumn Classic!*

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Handicap _____ **Phone** _____

→ I am golfing thanks to the efforts of
(name) _____

Twosome/foursome team members:

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Handicap _____ **Phone** _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Handicap _____ **Phone** _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Handicap _____ **Phone** _____

TOTAL ENCLOSED: \$ _____

MasterCard or Visa

Card No _____

Expiration Date _____

Cardholder Name _____

(please print)

Signature _____

Total number of golfers _____

**Thanks for supporting
The programs
Of WALA!**