



IRISH GOLF CLASSIC

SUNDAY, SEPTEMBER 19TH

REGISTRATION FORM

CONTACT NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

E-MAIL: _____

I WANT TO SPONSOR THE EVENT (\$5,000)

I WANT TO BE A TEE SIGN SPONSOR (\$500)

I WANT TO BE A GOLFER (TEAM \$500, INDIVIDUAL \$125)

FOUR-PERSON TEAMS:

Please list your team members and shirt sizes below.

Individuals not signing up with a team will be assigned a team.

1. _____

M L XL 2XL 3XL

3. _____

M L XL 2XL 3XL

2. _____

M L XL 2XL 3XL

4. _____

M L XL 2XL 3XL

Mail registration and payment to: Downtown Development Authority, Attn: Kate Sheffield, 305 S. Andrews Ave, Suite 301, Fort Lauderdale, FL, 33301.



If you would like this publication in an alternative format (large print or audio tape), or if you need reasonable accommodation to participate in this program, please contact (954) 828-4610 or mrock@fortlauderdale.gov at least seven business days prior to this program.