



## 2020 Lisa D'Addario Shehan Golf Classic

Date: Monday, September 21, 2020 // Place: Race Brook Country Club

Foursome: \$2,000 // Individual Player: \$500

We appreciate your past participation and look forward to having you back again this year! Please complete the form below and **fax it to (203) 368-0901 or email it to Sarah Motti smotti@shehancenter.org.**

Will Attend:       With a Foursome       As an Individual

Can Not Attend but would like to donate: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Handicap: \_\_\_\_\_ Vest Size \_\_\_\_\_

Pay by:			
<input type="checkbox"/> Check	Please make check payable to Cardinal Shehan Center. Send to CSC at 1494 Main Street, Bridgeport, CT 06604.	<input type="checkbox"/> Cash: \$ _____	
<input type="checkbox"/> Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AmEx
Name on Card: _____			
Credit Card #: _____			
Expiration Date: _____		Verification Code: _____	
Signature: _____			

### Names and addresses of foursome members:

**Name:** \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Handicap \_\_\_\_\_

Address: \_\_\_\_\_ Vest Size \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Handicap \_\_\_\_\_

Address: \_\_\_\_\_ Vest Size \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Handicap \_\_\_\_\_

Address: \_\_\_\_\_ Vest Size \_\_\_\_\_

City, State, Zip: \_\_\_\_\_