

GOLF CHARITY EVENT REGISTRATION FORM

\$100.00/Person (includes green fee, cart fee, range privileges, and cookout)

Please send me ____ticket(s) for the Golf Charity Event

Name _____

Address _____

City/ State/ Zip _____

Daytime Phone _____ Evening Phone _____

Email Address _____

- Payment enclosed (make checks payable to: Wildlife Science Center)
 Please charge my credit card
 VISA MasterCard Discover American Express

Credit Card Number _____ Exp. Date _____

CCV# _____ Signature _____

Please fill out form, enclose payment and mail to:

Wildlife Science Center
5463 West Broadway
Columbus, MN 55025

I, the undersigned, agree to indemnify and hold harmless the Wildlife Science Center from all cost, expense and liability arising out of my participation in this event to benefit the Wildlife Science Center. I do hereby waive all claims for damage or loss to my person or property which may be caused by any act, or failure to act, by the Wildlife Science Center, its members, or agents arising directly or indirectly from my participation in this event, and I hereby assume liability for any loss, damage or other liability from such event.

Participant's Signature _____ Date _____

Wildlife Science Center
5463 West Broadway Avenue, Columbus MN, 55025
(651) 464-3993
www.wildlifesciencecenter.org
wscinfo@wildlifesciencecenter.org

Wildlife Science Center's Golf Charity Event



Hosted by:
The Links at Northfork

