



**Celebrity Mulligan
Golf Tournament
July 27, 2009**

Registration Form

Team Captain _____
Address _____
Phone _____ Email _____

Payment by: Check___ (Make check Payable to ARC SE MN) Pledges ___ Credit Card ___

Credit Card payment: Mastercard ___ Visa ___
Name on card _____ Card Number _____
Expiration Date _____ Amount \$ _____ Signature _____

Player #2 _____
Address _____
Phone _____ Email _____

Payment by: Check___ (Make check Payable to ARC SE MN) Pledges ___ Credit Card ___

Credit Card payment: Mastercard ___ Visa ___
Name on card _____ Card Number _____
Expiration Date _____ Amount \$ _____ Signature _____

Player #3 _____
Address _____
Phone _____ Email _____

Payment by: Check___ (Make check Payable to ARC SE MN) Pledges ___ Credit Card ___

Credit Card payment: Mastercard ___ Visa ___
Name on card _____ Card Number _____
Expiration Date _____ Amount \$ _____ Signature _____

Player #4 _____
Address _____
Phone _____ Email _____

Payment by: Check___ (Make check Payable to ARC SE MN) Pledges ___ Credit Card ___

Credit Card payment: Mastercard ___ Visa ___
Name on card _____ Card Number _____
Expiration Date _____ Amount \$ _____ Signature _____

Mail Form and Payment by July 19 to:
Arc SE MN
6301 Bandel Rd NW Suite 605 Rochester MN 55901