

PRESENTED BY:  UnitedHealthcare®



BISHOPS'
GOLF CLASSIC

August 5-6, 2018 | The Medallion Club

2018 GOLFER REGISTRATION

(Please print all information)

NAME: _____ SPONSOR NAME: _____

PHONE: _____ EMAIL: _____

Individual Golfer We will have a twosome We will have a foursome

Sponsors and guests will receive a complimentary photo with Bishop Campbell. In an attempt to mail them ASAP after the event, please provide any mailing information for guests. Please PRINT clearly.

GOLFER'S NAMES:

1. Name: _____

Address: _____

2. Name: _____

Address: _____

3. Name: _____

Address: _____

4. Name: _____

Address: _____

Thank you for joining us August 5-6, 2018 to raise critical funds for Tuition Assistance in the Diocese of Columbus.

**Please fax NO LATER THAN FRIDAY JULY 20 to:
The Office of Development and Planning, Fax: 614-241-2567**
