



CSD Golf Classic

All proceeds benefit Camp Lakodia Summer Youth Programs

5th Annual CSD Golf Classic • August 27, 2007 • 9am - 1pm
Prairie Green Golf Course • 600 E. 69th St. Sioux Falls, SD 57108



Camp Lakodia

Player Registration Form

Scramble format • Registration starts at 7:30 a.m. • Shotgun at 9:00 a.m. • Lunch reception starts at 1:00 p.m.

Team Name: _____

Captain: _____

Title/Company: _____

Full Address: _____

Please circle: Business Home

Phone: _____

E-mail: _____

Player #2: _____

Player #3: _____

Player #4: _____

___ I am registering individually. Please assign me to a team.

Total: \$ _____ (\$125 per player or \$400 per team)

METHOD OF PAYMENT

Credit Card:

VISA Discover

MasterCard American Express

Account Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Check payable to CSD Golf Classic

REGISTRATION AND PAYMENT MUST BE RECEIVED BY:

Wednesday August 22, 2007

E-MAIL, MAIL OR FAX TO:

Deb Brozik

CSD Golf Classic

102 N. Krohn Place

Sioux Falls, SD 57103

dbrozik@c-s-d.org • www.c-s-d.org

Phone: (800) 697-5189 • FAX: (605) 367-5958

