



Golf FORE! Diabetes Research Golfer Form

Selected Sponsorship: _____

If your company is sponsoring, please fill out the following info. If not, please skip to the "Golfer 1" section of this form.

Company Name (if applicable) _____

Address _____

Phone Number _____

City _____

Email Address _____

State _____ Zip _____

GOLFER 1

Name _____

Address _____

Phone Number _____

City _____

Email Address _____

State _____ Zip _____

I am registering individually, but would like to golf with: _____

I am registering individually, please assign me to a foursome.

GOLFER 2

Name _____

Address _____

Phone Number _____

City _____

Email Address _____

State _____ Zip _____

GOLFER 3

Name _____

Address _____

Phone Number _____

City _____

Email Address _____

State _____ Zip _____

GOLFER 4

Name _____

Address _____

Phone Number _____

City _____

Email Address _____

State _____ Zip _____

GolfForeDiabetesResearch.org

Questions?

FriendsofDiabetesResearch@gmail.com

Return this form and make checks payable to:

Friends of Diabetes Research
525 Junction Road, Suite 8200
Madison, WI 53717

Sponsorship Amount \$ _____

Foursome only \$ _____

Individual Golfer \$ _____

Dinner Only \$ _____

Additional Donation \$ _____

Total \$ _____