

IMAC Legacy Golf Tournament Registration

Contact Name _____

Address _____

Phone # _____

E-mail _____

My payment of \$125 is enclosed. Yes / No

My team will consist of:

Player#1:

Player#2:

Player#3:

Player#4:

Or place me on a team. Yes / No

Signature _____ Date _____

Please make all checks payable to Imac alumni association.

You may mail form and entry fee to 17148 Springdale road 66048. Or drop of form and payment at the Town Pub. You may also register on line at leavenworthcatholicschools.org click on IMAC alumni tab. If you register online, payment can be made at final registration the day of the tournament.

For additional information Contact Clay Bollin 1-816-456-0981 or email clayton.kickapoo81@gmail.com or contact Kelly Rieck 1-785-331-9179 or email kellyrieck2009@yahoo.com

Please return form or register online by Friday June 8th.