



Annual Golf Classic
Thursday, May 14, 2009
1:00 p.m.
Canebrake Golf Club

Registration Form

Name _____ (Contact/Captain) _____

Address _____

City _____ State _____ Zip _____ Phone _____ (H) _____ (W)

Canebrake Member: yes no Club # _____

TEAM MEMBERS

Name: _____

Address _____

City _____ State _____ Zip _____ Phone _____ (H) _____ (W)

Canebrake Member: yes no Club # _____

Name: _____

Address _____

City _____ State _____ Zip _____ Phone _____ (H) _____ (W)

Canebrake Member: yes no Club # _____

Name: _____

Address _____

City _____ State _____ Zip _____ Phone _____ (H) _____ (W)

Canebrake Member: yes no Club # _____

Individual Fee - \$90.00 Team Fee - \$360.00 Enclosed \$ _____ for _____ Persons/Team

PAID REGISTRATION ONLY!!

Deadline Date: May 7, 2009

Make Checks Payable To: Athens State University Alumni Association

And Mail to:

Office of Alumni Affairs, Athens State University, 300 N. Beaty Street, Athens, AL 35611