



7th Annual Golf Classic - Golfer Registration Form

Yes, please register me for the St. Matthew NIDA Golf Tournament on Wednesday, June 4, 2008 at Fox Hollow Golf Club.

_____ Players for complete golf package at \$165 per player (\$660 per foursome) *

_____ Reception and Awards Dinner (only \$60.00 per person).

_____ Donation (unable to participate)

Total enclosed payment \$ _____

* If your fellow players are registering separately, we must receive \$185 from each player.

1. Player Name: _____

2. Player Name: _____

3. Player Name: _____

4. Player Name: _____

Make checks payable to **St. Matthew NIDA** and mail this completed form and payment to:

**St. Matthew NIDA Golf Classic
62 Halsted Street, Suite 201
East Orange, NJ 07018**

Name: _____

Organization: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Your contribution is tax deductible to the extent permitted by law. No refunds made in the event the club management deems it necessary to close the course.