

2009 OLIVET COLLEGE COMET CLASSIC

GOLFER #1

Full name _____

Class year (if applicable) _____

Address _____

Telephone _____

E-mail _____

GOLFER #2

Full name _____

Class year (if applicable) _____

Address _____

Telephone _____

E-mail _____

GOLFER #3

Full name _____

Class year (if applicable) _____

Address _____

Telephone _____

E-mail _____

GOLFER #4

Full name _____

Class year (if applicable) _____

Address _____

Telephone _____

E-mail _____

Please mail registration form along with payment to:

Olivet College Athletic Department

320 S. Main St.

Olivet, MI 49076

Athletic Team

to Sponsor: _____

Registration deadline: July 1, 2009

COST: \$120 per golfer

Make checks payable to: Olivet College Athletics