

I want to participate.

Sign me / us up for the 2008 "Don't just innovate. *Collaborate!*"
William Wiersma Memorial Scholarship Golf and Disc Tourney.

IMPORTANT

If you're registering as a team, include the information required below for each player. **Identify the team's contact person as Golfer or Disc Player 1**

GOLFER or DISC PLAYER 1:

Name: _____ Disc Golfer (circle): Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Others in my foursome:

GOLFER or DISC PLAYER 2:

Name: _____ Disc Golfer (circle): Yes No

Preferred Phone: _____

GOLFER or DISC PLAYER 3:

Name: _____ Disc Golfer (circle): Yes No

Preferred Phone: _____

GOLFER or DISC PLAYER 4:

Name: _____ Disc Golfer (circle): Yes No

Preferred Phone: _____

NOTE:

If you're registering as a traditional golfer or as a disc golfer – that's all you will play on the day of the tournament.

FEE ENCLOSED FOR:

_____ Students	X	\$75.00	= \$	_____
(Number of)				
_____ Recent Grads	X	\$115.00	= \$	_____
(Number of)				
(2004-2008)				
_____ Donors	X	\$150.00	= \$	_____
(Number of)				

IN ADDITION:

Please accept my additional contribution: \$ _____

OR:

I cannot attend the Golf and Disc Tourney.
But please accept my contribution: \$ _____

OR:

I am unable to participate, but would like to sponsor a player:

Student at \$75.00	\$	_____
Recent Grad at \$115.00	\$	_____
Donor at \$150.00	\$	_____

TOTAL AMOUNT ENCLOSED:

Make checks payable to: \$ _____

Westmont College

Memo: Collaborate

955 La Paz Road, Santa Barbara, CA 93108

TELL US WHERE TO SEND THE DONOR RECEIPT:

(You will receive a receipt for the tax deductible portion of your contribution.)

Name : _____

Address: _____ City: _____

State: _____ Zip: _____ Preferred Phone: _____

I wish my gift to remain anonymous.

CREDIT CARD PAYMENT

MasterCard VISA

Name on Card: _____

Card Number: _____

Exp. Date (mmyy): _____ Signature: _____

Kindly RSVP by September 29, 2008.