

6th Annual
**MIDNIGHT SUN
CHARITY GOLF CLASSIC**
Swing into Solstice

SETTLER'S BAY TEAM FORM

COMPANY NAME: _____ INDIVIDUAL NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

REGISTERING AS: TEAM OF 4 (\$520*) INDIVIDUAL (\$130*) *SETTLER'S BAY MEMBER DISCOUNTED RATES

REGISTERING AS: TEAM OF 4 (\$520) INDIVIDUAL (\$150)

REGISTRATION

TEAM NAME: _____

TEAM CAPTAIN NAME: _____

PLAYER 1: _____ PHONE NUMBER: _____

PLAYER 2: _____ PHONE NUMBER: _____

PLAYER 3: _____ PHONE NUMBER: _____

PLAYER 4: _____ PHONE NUMBER: _____

Register at
www.settlersbay.com

- OR -

EMAIL YOUR REGISTRATION FORM
info@swingintosolstice.org

I want to volunteer In-kind donations

MIDNIGHT SUN CHARITY GOLF CLASSIC
Swing into Solstice

Payment Information

Total: _____

Check Visa Mastercard Discover AMX

Total: _____

Please make checks payable to Midnight Sun Home Care with "Golf Tournament" in the memo line.

Sponsor Total: _____ Registration Total: _____ Total Amount Due: _____

Credit Card #: _____ Exp. Date: _____ Sec. Code: _____

Card Holder Name: _____ Signature (authorize payment): _____