

# ACDS 2008 GOLF OUTING REGISTRATION FORM

## Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Enclosed is my check or credit card number for the amount of:

VISA  MC  AMEX

Card # \_\_\_\_\_

Exp. Date: \_\_\_/\_\_\_/\_\_\_ SEC Code: \_\_\_\_\_

## Names of Additional Golfers:

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

Sponsorship Level: \_\_\_\_\_

Please send company logo to [mahearn@acds.org](mailto:mahearn@acds.org) in jpeg or bitmap format

PLEASE RETURN YOUR REGISTRATION FORM BY MAIL OR FAX IT TO MARY ELLEN  
AHERN AT (516) 933-9530

MAKE ALL CHECKS PAYABLE TO ACDS

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