

CONTACT INFORMATION

Name (please print): _____

Company: _____

(Sponsors: Print name exactly as you wish it to appear on signage.)

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

E-mail address: _____

**Join us for a relaxing day of golf and support the
meaningful ministries of Our Lady of Mercy**

Please print names and provide pertinent information for each golfer you are paying for:

FOURSOME

Name, Phone Number, & E-mail

1) _____

2) _____

3) _____

4) _____

MAIL REGISTRATION ALONG WITH PAYMENT TO:

OLM Holy Name Society

500 South Oyster Bay Road, Hicksville, N.Y. 11801

Phone: 516.931.4351 † E-mail: finance@olmrcc.com

God bless you for supporting Our Lady of Mercy!

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