



Registration

**19th Annual Katie School Golf Classic
Monday, June 21, 2010
Stonebridge Country Club, Aurora, Illinois**

Organization: _____

Contact Person: _____

Mailing Address: _____

Telephone: _____ **Fax:** _____

E-Mail: _____

**Please register me/our organization for the
2010 Katie School Golf Classic!**

_____ **Number of individual registrations at \$700 each = \$** _____

_____ **Number of foursome registrations at \$2800 each = \$** _____

PAYMENT INFORMATION:

___ **Check enclosed (payable to Illinois State University/Katie School)**

___ **Credit card (payment by VISA, MC or Discover credit card must be completed online at www.katieschool.org. Click on "Register for Katie School Events" on the home page.)**

___ **Payment is being processed**

___ **This will confirm my/our telephone registration**

**Please send registration form to:
Katie School of Insurance and Financial Services
Illinois State University
Campus Box 5490
Normal, IL 61790-5490
309-438-7753 FAX**