



REGISTRATION FORM

PLEASE REPLY BY OCTOBER 10, 2017

_____ Tournament Sponsor	x	\$7500	=	\$	_____
_____ Luncheon Sponsor	x	2500	=		_____
_____ Dinner Sponsor	x	2500	=		_____
_____ Hole Sponsor	x	250	=		_____
_____ Dinner & Cocktail Tickets	x	100	=		_____
_____ Golf & Dinner	x	350	=		_____
_____ Golf Dinner & 1 Dinner Guest	x	400	=		_____
Total = \$					_____

Please check payment option: Check enclosed Credit Card

Credit Card Information: American Express Visa Mastercard

Account # _____ Exp. Date _____

Signature _____ Date _____

Name _____

Corporate Name _____

Address _____

City _____ State _____ Zip _____

Phone w/ Area Code () _____

Mail or Fax To:

Catholic Education Fund, c/o Durkin & Durkin, Esqs.
 1120 Bloomfield Avenue, West Caldwell, NJ 07006
 Fax: 973 244-9955