



11TH ANNUAL ALUMNI SOCIETY LEGACY SCHOLARSHIP GOLF OUTING

REGISTRATION FORM

Please complete the information below and **return no later than April 30, 2009** to:

University of Michigan-Dearborn
Office of Alumni Relations
4901 Evergreen Road, 1040 AB
Dearborn, MI 48128-1491

OR FAX with your credit card number to:
(313) 593-0540

For more information, call (313) 593-5131 or email umdalumni@umd.umich.edu

Team Contact (if foursome) _____

PAYMENT INFORMATION

Number of golfers @ \$125 each _____

Number of dinner **only** guest(s) @ \$40 each _____

My check is enclosed for \$ _____
(Payable to University of Michigan-Dearborn)

Please charge \$ _____ to Visa MC
No. _____

Expiration Date _____

V# _____ (from back of card)

Signature of Cardholder

Please contact me regarding hole or tee sponsorships or prize donations

GOLFER INFORMATION

Name _____

Co/Org _____

Address _____

City/State/Zip _____

Phone _____ Cell _____

Email _____

Year/Degree (if alum) _____

Name _____

Co/Org _____

Address _____

City/State/Zip _____

Phone _____ Cell _____

Email _____

Year/Degree (if alum) _____

Name _____

Co/Org _____

Address _____

City/State/Zip _____

Phone _____ Cell _____

Email _____

Year/Degree (if alum) _____

Name _____

Co/Org _____

Address _____

City/State/Zip _____

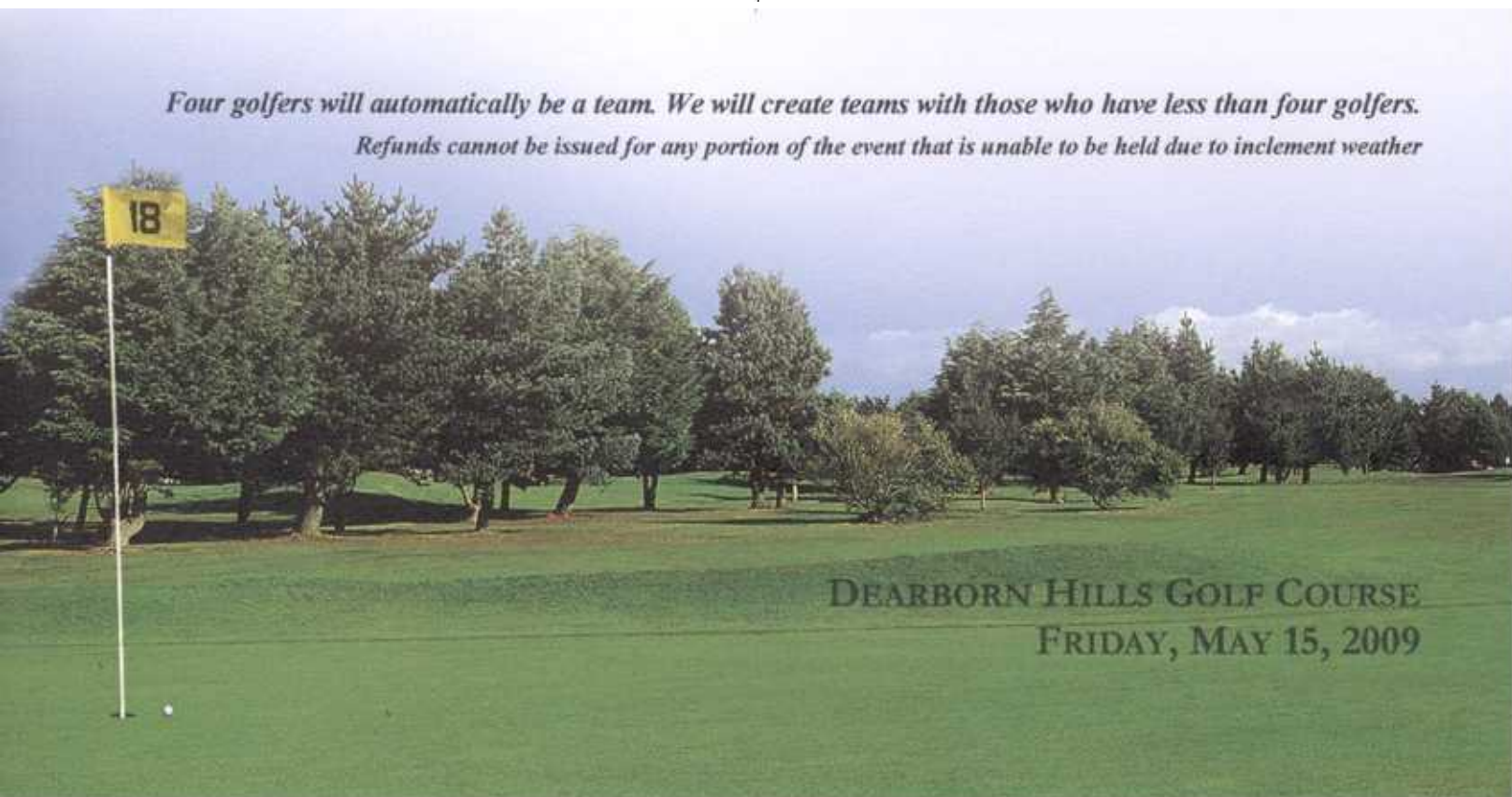
Phone _____ Cell _____

Email _____

Year/Degree (if alum) _____

Four golfers will automatically be a team. We will create teams with those who have less than four golfers.

Refunds cannot be issued for any portion of the event that is unable to be held due to inclement weather



DEARBORN HILLS GOLF COURSE

FRIDAY, MAY 15, 2009