

# CURE STOMACH CANCER CLASSIC

## SIGN UP SHEET

### WEST BEND LAKES GOLF CLUB

Deadline JUNE 8TH



Debbie's Dream Foundation  
www.debbiesdream.org  
events@debbiesdream.org

Scott Rank  
414.559.4158  
rankwallyone@sbcglobal.net

## 1. GOLFERS

**Team Captain:** \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**PLAYER 2** (Riding w/ Captain): \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**PLAYER 3** (Riding w/ Player 4): \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**PLAYER 4** (Riding w/ Player 3): \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Cost: \$90 per person**      **Total:** \_\_\_\_\_

*Send Check with completed Form*

**2. DINNER ONLY (not participating in golf)**

**DINNER ONLY PARTICIPANT:** \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**DINNER ONLY PARTICIPANT:** \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Cost: \$20 per meal      Total:** \_\_\_\_\_

*Send Check with completed Form*

**3. HOLE SPONSORS:**

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

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

*Please email JPEG or PDF's to Scott Rank at rankwallyone@sbcglobal.net*

**Cost: \$100 per sign      Total:** \_\_\_\_\_

*Send Check with completed Form*

**4. MAKE CHECKS PAYABLE TO:**

*Debbie's Dream Foundation*

**5. SEND CHECKS TO:**

*Scott Rank – Debbie's Dream Foundation*

*6408 Scenic Dr. East*

*West Bend, WI 53095*

