



### 2024 Lisa D'Addario Shehan Golf Classic

Date: Monday, May 6, 2024 // Place: Race Brook Country Club

**Foursome: \$2,000 // Individual Player: \$500**

We appreciate your past participation and look forward to having you back again this year! Please complete the form below and email it to [lgibbons@shehancenter.org](mailto:lgibbons@shehancenter.org)

Will Attend:       With a Foursome       As an Individual

Can Not Attend but would like to donate: \$\_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Handicap: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Pay by:			
<input type="checkbox"/> Check	Please make check payable to Cardinal Shehan Center. Send to CSC at 1494 Main Street, Bridgeport, CT 06604.		<input type="checkbox"/> Cash: \$_____
<input type="checkbox"/> Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AmEx
Name on Card: _____			
Credit Card #: _____			
Expiration Date: _____		Verification Code: _____	
Signature: _____			

#### Names and addresses of foursome members:

**Name:** \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Handicap\_\_\_\_\_

Address: \_\_\_\_\_ Shirt Size \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Handicap\_\_\_\_\_

Address: \_\_\_\_\_ Shirt Size\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Name:** \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Handicap\_\_\_\_\_

Address: \_\_\_\_\_ Shirt Size\_\_\_\_\_

City, State, Zip: \_\_\_\_\_