



CROSSROADS PRESENTS



The Spring Classic

Tuesday, May 28th

BENEFITTING



Tam O'Shanter Club

REGISTRATION FORM

NAME(S) OF GOLFER: _____

ORGANIZATION (IF APPLICABLE): _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

I WOULD LIKE TO GOLF WITH: _____

DINNER ONLY (NAMES): _____

PLEASE NOTE: GOLFER REGISTRATION INCLUDES DINNER.

PLEASE CONSIDER A SPONSORSHIP

- () BREAKFAST SPONSOR: \$250
- () LUNCH SPONSOR: \$250
- () DRIVING RANGE: \$250
- () TEE SIGN: \$125

CLEARLY PRINT NAME FOR SIGNAGE:

REGISTRATION TOTALS

GOLFERS _____ @ \$200: \$ _____

DINNER ONLY _____ @ \$60: \$ _____

SPONSORSHIPS: \$ _____

TOTAL ENCLOSED: \$ _____

**CHECKS PAYABLE TO MICHAEL MAGRO FOUNDATION
12 JULIAN STREET HICKSVILLE, NY 11801**

ONLINE REGISTRATION & SPONSORSHIPS IS AVAILABLE AT @ WWW.MICHAELMAGROFOUNDATION.COM

THE FOUNDATION IS A 501 3(C) NON-PROFIT ORGANIZATION, PLEDGING 100% OF ITS PROFITS.

THE EFFORTS OF THE FOUNDATION ARE DIRECTED TO FAMILIES OF CHILDREN DIAGNOSED WITH
CANCER THROUGH THE CANCER CENTER FOR KIDS AT WINTHROP HOSPITAL.