FOURTH ANNUAL HESSTON COLLEGE NATIONAL GOLF BENEFIT REGISTRATION

Please list all names and addresses. If fewer than four entrants are listed, you will be placed in a foursome.

Name		
Address		
City	State	ZIP
Phone	Email	
Name		
Address		
City	State	ZIP
Phone	Email	
Name		
Address		
City	State	ZIP
Phone	Email	
Name		
Address		
City		
Phone	Email	
	Total enclosed (Do ntional Golf Benefit for de student scholarships	Hesston College
	Check payments: neck payable to HESSTON COL Mail to: on College National Golf Benefit Box 3000 Hesston, KS 67062	
	Discover Visa Mastercard A	
Exp. Date	Security Code	
Name on card		
ZIP		