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GOLF CLASSIC – June 7<sup>th</sup>, 2021  
*A benefit for people with disabilities*

**PAYMENT INFORMATION**

- Please invoice me \$5000 for my Platinum Sponsorship.
- Please invoice me \$2500 for my Gold Sponsorship.
- Please invoice me \$1000 for my Silver Sponsorship.
- Please invoice me \$\_\_\_\_\_ for my Bronze Sponsorship.
- Please invoice me \$600 for my team – **18-hole course**.
- Enclosed is my Check for \$ \_\_\_\_\_

Please charge my credit card:

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSC: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

All checks should be made payable to: **Dakotabilities, Inc.**

**Send all payments and registration forms to:**

Nathan Stallinga – Executive Director  
1116 S. 4<sup>th</sup> Ave.  
Sioux Falls, SD 57105  
Or Fax to: 334-7976

[email: nathan.stallinga@dakotabilities.org](mailto:nathan.stallinga@dakotabilities.org)



# DakotAbilities *Golf Classic*

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## 2021 TEAM REGISTRATION FORM

**Team Name:** \_\_\_\_\_

Captain Golfer #1 \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Golfer #2 \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Golfer #3 \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Golfer #4 \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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