

Reply Form:

Company

Contact

Address

City, State, Zip

E-Mail

Phone

Level of Sponsorship or Underwriting

Payment enclosed in the amount of \$_____

Please accept my pledge and invoice me at the address above. _____

Make checks payable to:

STARS/Golf Tournament

Send completed forms to:

St. Thomas Aquinas Regional School

c/o Tracy Stohlman

13750 Mary's Way

Woodbridge, VA 22191

or via

Fax# 703-492-8828

or

Register online

www.aquinastars.org

Thank you!

Team Members:

1 _____
Name Golf Handicap

Address E-mail

2 _____
Name Golf Handicap

Address E-mail

3 _____
Name Golf Handicap

Address E-mail

4 _____
Name Golf Handicap

Address E-mail

We will send a confirmation packet to each of our guests one week prior to the tournament. Please include an address and e-mail address for each participant.

www.aquinastars.org/golfclassicinfo.html

Questions?

Please call Tracy Stohlman 703-221-6828,
Frank Nolan 703-583-8680 or
e-mail: aquinasgolfclassic2008@msn.com

See you on the fairway!