



**Registration**

**18th Annual Katie School Golf Classic  
Monday, June 15, 2009  
Stonebridge Country Club, Aurora, Illinois**

**Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Please register me/our organization for the  
2009 Katie School Golf Classic!**

\_\_\_\_\_ **Number of individual registrations at \$700 each = \$** \_\_\_\_\_

\_\_\_\_\_ **Number of foursome registrations at \$2800 each = \$** \_\_\_\_\_

**PAYMENT INFORMATION:**

\_\_\_ **Check enclosed (payable to Illinois State University/Katie School)**

\_\_\_ **Credit card payment (enclosed form completed)**

\_\_\_ **Payment is being processed**

\_\_\_ **This will confirm my/our telephone registration**

**Please send registration form to:  
Katie School of Insurance and Financial Services  
Illinois State University  
Campus Box 5490  
Normal, IL 61790-5490  
309-438-7753 FAX**