

2014 WIESA TOM GIRMSCHIED MEMORIAL GOLF OUTING MEMORIAL GOLF OUTING

CONTRIBUTOR AND/OR PLAYER INFORMATION

Complete this form exactly as you want your information to appear on all signage and listings. E-mail High definition logo to: mikevandillen@sesonline.com. Sponsor confirmation and logos must be received before August 29, 2014

Name _____

Company _____

Address _____

City _____ ST _____ ZIP _____

Phone: _____ Fax: _____ E-Mail: _____

Complete the following and fax with credit card payment to 877- 572- 4713 or mail with check payable to Wisconsin Electronic Security Association to WIESA, P.O. Box 11657, Shorewood, WI 53211
Registration is not official until credit card info, check or invoice info is received. Deadline for Player & Dinner reservations is September 8, 2014, 12noon. **Note special deadline for Hole-in-One**

SIGN ME UP FOR THE FOLLOWING:

- CORP FOURSOMES @\$700 #__ \$_____
- SPONSORED FOURSOME @\$500 #__ \$_____
- INDIVIDUAL PLAYERS @\$135 #__ \$_____
- HOLE-IN-ONE @\$250 \$_____ (Deadline August 15, 2014)
- HOLE SPONSOR @\$225 #__ \$_____
- HOLE EVENT SPONSOR @\$175
 - Longest Drive __ Women __ Men \$_____
 - Shortest Drive __ Women __ Men \$_____
 - Longest Putt \$_____
 - Closest to Cup from Fairway \$_____
- SHORT GAME CLINIC SPONSOR @\$150 \$_____
- BEVERAGE CARTS (2 @\$275 each) \$_____
- DINNER ONLY @\$40 \$_____
- TOTAL AMOUNT \$_____**

PLEASE INVOICE (must be current paid WIESA or ESA member)

Invoicing Name & Address: _____

PLEASE CHARGE __MC __VISA __AMX

Card # _____ Exp _____ Security Code _____

Name on card _____

Address on card _____ ST _____ ZIP _____

PLAYER INFORMATION- Due September 8, 2014

Primary Golfer: _____

Company: _____

Address: _____

City: _____ ST Zip _____

Phone: _____ E-Mail: _____

Golfer #2: _____

Company: _____

Golfer #3: _____

Company: _____

Golfer #4: _____

Company: _____