

Bob Larrison Scholarship Fund Golf Outing Events Registration

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please mark X where applicable below:

_____ I am making a donation only in the amount of _____

_____ I am registering as a single player (\$60)

_____ I am registering as a foursome (\$220)

Names: _____

_____ (\$10) x _____ (number of people) I am eating after the outing but not playing golf
(\$10 per person)

_____ I am sponsoring a hole (\$100) Please email Amy Larrison with business logo to
alarrison@att.net

Northern Indiana Community Foundation
c/o Terri Johnson
PO Box 807
715 Main
Rochester, IN 46975

Please note checks payable to NICF (notate Larrison NP fund)

Or on website: NICF.org/miami/