

ROCKFORD REGISTER STAR GOLF CLUB ENROLLMENT FORM

Cards priced at \$35 each. Please send _____ cards.

Enclosed is my personal check / money order or charge to my credit card:

MASTERCARD VISA

AMERICAN EX. DISCOVER Card # _____ Exp. _____

Signature _____ Phone # _____

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Make check payable to **Rockford Register Star** and mail to:

Golf Club, Attn. Finance, 99 E. State St., Rockford, IL 61104