

**EVENT REGISTRATION:** To register fax form to 312-427-1602, or email to [brobinson@bdai.org](mailto:brobinson@bdai.org), or mail to:

Bleeding Disorders Alliance Illinois  
210 S DesPlaines St.  
Chicago, IL 60661

Contact Bob Robinson at [brobinson@bdai.org](mailto:brobinson@bdai.org) or call 312-427-1495 for more information.

Register by June 1, 2018 to secure a polo shirt.  
Sizes (Please indicate number needed for each size)

Men's      S      M      L      XL      2XL

Women's    S      M      L      XL

◆ \$2,000 for Sponsored Foursome    ◆ \$800 for Patron Foursome    ◆ \$200 for Individual golfer

**TEAM MEMBERS**

1. Primary Team Member: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

2. Team member: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

3. Team Member: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

4. Team Member: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Total Amount: \$\_\_\_\_\_ I/we cannot participate this year. Enclosed is a contribution of \$\_\_\_\_\_

**Payment:**

Please make checks payable to: Bleeding Disorders Alliance Illinois      Check included: \$\_\_\_\_\_

MasterCard      Visa      Discover      Other \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Card Security Code: \_\_\_\_\_