

24<sup>th</sup> Annual St. Vincent de Paul  
Jim Altenhofen Memorial Golf Tournament  
August 18, 2017



ENTRY FEE: \$100 per player \*Registration deadline is  
August 11, 2017. After the deadline, the entry fee is \$120 per player.

To register email [brian.f@svdppdx.org](mailto:brian.f@svdppdx.org), or mail form with check to the address below.  
For more information call Brian Ferschweiler at 503-234-5287.

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**REGISTRATION FORM (Please detach and enclose with your payment)**

**INDIVIDUAL PLAYERS**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Total number of players: \_\_\_\_\_ X \$100 per player: \$ \_\_\_\_\_

I (we) will not be able to play but wish to donate to SVdP Portland Council's 24<sup>th</sup> Annual Golf  
Tournament: \$ \_\_\_\_\_

**Total amount enclosed:** \$ \_\_\_\_\_

**PAYMENT METHOD**

Check \_\_\_\_\_: Make payable to St. Vincent de Paul

Credit Card \_\_\_\_\_: Fill out information below.

Visa/Master Card Number: \_\_\_\_\_

Full name on the card: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Mail completed form to SVdP at P.O. Box 42157, Portland, OR 97242-0157 or FAX: 503-233-5581.

*Thank you for your support!*