



Registration

To register please fill out this form with payment or register online at dsiservices.org

QUESTIONS? Please call DSI at 812.376.9404 Ext. 155 or email tharpring@dsiservices.org

TEAM NAME: _____

CONTACT/GOLFER 1: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

GOLFER 2: _____

GOLFER 3: _____

GOLFER 4: _____

FEEs: Foursome \$520 Individual \$130 Sponsor Level: \$ _____

Amount due: \$ _____ (make checks payable to DSI)

VISA or MASTERCARD:

Credit Card #: _____

Expiration: _____ Security Code: _____

RETURN THIS FORM: DSI
Attn: Golf Classic
2920 10th Street
Columbus, IN 47201