



Movement for Life Golf Invitational

GOLFER REGISTRATION

Team Name(s): _____

Player Names: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\$ _____ (\$200 per golfer) for _____ golfers

TOTAL: \$ _____

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University of Michigan Kinesiology
1402 Washington Hts.
Ann Arbor, MI 48109-2013

Please make checks payable to **UM Kinesiology** and mail to the address above.

Payment Type:

Check Credit Card: MC VISA AMEX

Card No. _____ Exp. Date. _____

Signature _____