

# REGISTRATION FORM

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Thursday, June 26, 2008  
Willow Glen Golf Course, Lake Bluff, IL  
10:00 AM Shotgun Start  
*\*Space Limited to 20 Foursomes*

### Enclosed is:

Golf and lunch registration for \_\_\_ player(s) at \$150 per golfer (\$500 per foursome)     \$ \_\_\_\_\_  
I cannot attend, but please find my donation to NSWF of:     \$ \_\_\_\_\_

### Please List Information For Each Golfer.

FIRST Golfer: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone/work: \_\_\_\_\_  
Phone/home: \_\_\_\_\_  
Email: \_\_\_\_\_

THIRD Golfer: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone/work: \_\_\_\_\_  
Phone/home: \_\_\_\_\_  
Email: \_\_\_\_\_

SECOND Golfer: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone/work: \_\_\_\_\_  
Phone/home: \_\_\_\_\_  
Email: \_\_\_\_\_

FOURTH Golfer: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone/work: \_\_\_\_\_  
Phone/home: \_\_\_\_\_  
Email: \_\_\_\_\_

*Please make checks payable to "Naval Special Warfare Foundation"*

*Mail registration form and checks to:*

**Tailwind Services LLC**  
**1 South Wacker Drive, Suite 800**  
**Chicago, IL 60606**



**MAGELLAN**  
DEVELOPMENT GROUP LLC



**TAILWIND**   
**SERVICES LLC**