Golf Registration Form

Italian American Labor Council
Of Greater Chicago
22nd Annual Golf Outing
Bloomingdale Golf Club



Name _____

Affiliation _____

Address _____

Phone (s) _____

Email: _____

Yes, I will attend the May 23rd, 2025 Golf Outing.
Please Reserve:

_____ Golf/Luncheon Foursome (s) @ $800.00 ea.
_____ Individual Golf/Dinner Tickets @ $200.00 ea.
_____ Golf Only @ $125.00 ea.
_____ Dinner Only @ $75.00 ea.
_____ Hole Sponsorship @ $250.00 ea.



Total Amount Enclosed $ _____

I AM UNABLE TO ATTEND: HOWEVER, PLEASE ACCEPT THIS CONTRIBUTION.

ENCLOSED IS A CHECK FOR $_____

NAMES OF GOLFERS ATTENDING

1. _____

2 . _____

3 . _____

4 . _____

Please make checks payable to: Italian American Labor Council

Mail to:
ITALIAN AMERICAN LABOR COUNCIL
P.O. BOX 463
WILLOW SPRINGS, IL 60480-9998

Note: New mailing address.

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