2015 TEAM JACOBS CELEBRITY GOLF EVENT

PLEDGE FORM

Participant's Name _____

Address: _____

_____

City: _____

Postal Code_____

Phone _____

PLEASE PRINT LEGIBLY

Sponsor's Name and Address *Cheques should be made payable to:* Sault Ste. Marie Golf Club				**Amount Pledged**	**Amount Collected**
Last Name	First Name				
Apt. No./TH/Suite	Street Address	City	Postal Code		
Last Name	First Name				
Apt. No./TH/Suite	Street Address	City	Postal Code		
Last Name	First Name				
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