

REGISTRATION



Please return this registration information with preferred method of payment (see back).



Name: _____ Year: _____

Address: _____

Secondary Address: _____

City, State, Zip: _____

Phone number: _____

Email address: _____

Level of Participation

Price

<input type="checkbox"/> Tournament Sponsor	\$10,000
<input type="checkbox"/> Dinner Sponsor	\$5,000
<input type="checkbox"/> Coaches Foursome	\$2,500
<input type="checkbox"/> Foursome - Golf Participation	\$1,500
<input type="checkbox"/> Hole Sponsor	\$500
<input type="checkbox"/> Individual - Golf Participation	\$375
<input type="checkbox"/> Banner Sponsor	\$300
<input type="checkbox"/> Dinner Only	\$100
<input type="checkbox"/> I am unable to attend but would like to support NU Athletics with a donation	\$ _____
Total	\$ _____



Foursome**NU Alumni?**

Name 1: _____ Year _____

Name 2: _____ Year _____

Name 3: _____ Year _____

Name 4: _____ Year _____

Method of Payment Check (payable to Northeastern University) Visa Discover MasterCard AmEx

Credit Card #: _____ Exp.date: _____

Signature: _____

Name as it appears on card: _____

Husky Athletics Club

219 Cabot Center

Northeastern University

360 Huntington Avenue

Boston, MA 02115-5000