



## September 9, 2005 - Willow Creek Golf Course

Please complete and mail this form back to Prevent Blindness Iowa ASAP. Space is limited to 200 participants.

- YES, my company would like to purchase \_\_\_\_\_ foursomes for the 2005 golf event.
- YES, we would like to participate as a Foursome for the 2005 A Shot in the Dark.  
(Entry Fee: \$75 per person/\$300 per foursome. A portion of the entry fee is tax deductible.)

Contact Person for this foursome \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Golfer #2 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Golfer #3 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Golfer #4 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

- Check enclosed
- Bill me
- MasterCard      Card# \_\_\_\_\_ Exp Date \_\_\_\_\_
- Visa                      Card# \_\_\_\_\_ Exp Date \_\_\_\_\_
- Discover                      Card# \_\_\_\_\_ Exp Date \_\_\_\_\_

Please return this completed form to:  
**Prevent Blindness Iowa**, 1111 Ninth Street, Suite 250, Des Moines, IA 50314-2585  
Phone 244-4341 Fax 244-4718 Email [pbiowa@netins.net](mailto:pbiowa@netins.net)