

# MLHS CRUSADER CLASSIC CHARITY GOLF TOURNAMENT

**Saturday  
September 10, 2022**

**Island View Golf Club, Waconia**



*Proceeds from the tournament fund Mayer Lutheran High School technology programs.  
Thank you for your support in preparing the next generation of Christian leaders!*

**Registration Opens: 11:30 AM**  
Arrive early and warm up with free range balls and grab a burger!  
**Captains Meeting: 12:45 PM**  
**Shotgun Start: 1:00 PM**  
**Tournament Afterglow: 6:00 PM**

**GREAT PRIZES!**  
**Plenty of Chances to Win!!**  
**Hit the Green Contests**  
**+++Many On Course Events!**

**Big Green Egg Grill**  
**Smart Electronics**  
**PLUS many other valuable prizes!**

**Golf Registration Includes:**  
18 Holes of golf, on course food, putting contest, prizes, fun and fellowship. PLUS a chance to win valuable prizes on each Par-3 hole!

Group Foursome	\$500	x _____	= \$ _____
Individual Golfer	\$125	x _____	= \$ _____
Bundle & Save Pkg	\$50/ea	x _____	= \$ _____

(Four Par-3 tickets, two yardsticks + two mulligans!)  
**SAVE \$10 and get two mulligans!**

Total Enclosed \$ \_\_\_\_\_

**Bundle & Save Packages, Par-3 Tickets, and Yardsticks are available for purchase at event registration.**

**Questions?**  
Contact Tim Bode at 952-657-2251 x1017 or at [tim.bode@mayerlutheran.org](mailto:tim.bode@mayerlutheran.org).



**ONLINE REGISTRATION AVAILABLE**

To register online go to [mayerlutheran.org/crusader-charity-golf-classic](http://mayerlutheran.org/crusader-charity-golf-classic) or fill out and mail in the form below.

PARTICIPANTS: (Please Print)

\_\_\_\_\_  
Captain

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
email address

\_\_\_\_\_  
Golfer #2 Name

\_\_\_\_\_  
email address

\_\_\_\_\_  
Golfer #3 Name

\_\_\_\_\_  
email address

\_\_\_\_\_  
Golfer #4 Name

\_\_\_\_\_  
email address

**Make check payable to: Crusader Classic Golf Tournament OR**  
**Charge my**  Visa  Mastercard  Discover (check one)

\_\_\_\_\_  
Cardholder's Name (please print)

\_\_\_\_\_  
Billing Address (If different from above.)

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
3 Digit Security Code  
(back of card)

\_\_\_\_\_  
Cardholder Signature

If you would prefer, call Karen Loehrs at 952-657-2251 x1003 with credit card information.

Check if you wish to have a receipt mailed to you for tax purposes.

**Please send registration and payment to: Mayer Lutheran High School, Attn: Crusader Classic, 306 7th St. NE, Mayer, MN 55360**