

TEAM REGISTRATION FORM

EVENT DETAILS: JUNE 6TH, 2025 - PARADISE HILLS GOLF COURSE

TEAM INFORMATION

Team Name:	Name		Name	
	Company (if applicable)		Company (if applicable)	
Team Members:	Title (if applicable)		Title (if applicable)	
	Mailing Address		Mailing Address	
	City/State/Zip		City/State/Zip	
	Phone Number		Phone Number	
	Email Address		Email Address	
	Name		Name	
	Company (if applicable)		Company (if applicable)	
	Title (if applicable)		Title (if applicable)	
	Mailing Address		Mailing Address	
Sponsor a Clergy? Optional - Takes 1 Team Slot	City/State/Zip		City/State/Zip	
	Phone Number		Phone Number	
	Email Address		Email Address	
PURCHASE	INFORMATION	Team	\$700	[\$600 Early Bird] Before March 31, 2025
Total Purchase Ar	nount			
Cash	Check - Please make	checks pay	able to St. Thoma	s Aquinas School
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^{*}Registration Form along with full payment should be dropped off at the school office. If your payment needs to be mailed or if you wish to pay via credit card, please call the school at 505-892-3221 and speak with Mrs. Abigail Walden. A 3.5% service fee will apply for credit card transactions.



INDIVIDUAL REGISTRATION

EVENT DETAILS: JUNE 6TH, 2025 - PARADISE **HILLS GOLF COURSE**

PERSONAL INFORMATION

Name				
Company (if applicable)				
Title (if applicable)				
Mailing Address				
City/State/Zip				
Phone Number				
Email Address				
PURCHASE INFORMATION				

Individual	\$175	[\$150 Early Bird] Before March 31, 2025
Total Purc	hase Amount	
Cash	Cł	eck - Please make checks payable to St. Thomas Aquinas School

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