



MIHF GOLF TOURNAMENT

On The Green—August 21, 2010



ENTRY FORM (DEADLINE: August 13, 2010)

1. _____
Team Captain Name*

Mailing Address

Phone: _____

Handicap: _____ or last three 18-hole

Scores _____

Email address _____

2. _____
Name

Mailing Address

Phone: _____

Handicap: _____ or last three 18-hole

Scores _____

Email address _____

3. _____
Name

Mailing Address

Phone: _____

Handicap: _____ or last three 18-hole

Scores _____

Email address _____

4. _____
Name

Mailing Address

Phone: _____

Handicap: _____ or last three 18-hole

Scores _____

Email address _____

*The team captain (first golfer listed) will receive a confirmation of the team's registration.
Please bring confirmation letter with you to the registration desk on August 21st.

No. of players _____ x \$85 = \$ _____

No. of extra dinner guests _____ x \$20 = \$ _____ (golfer's dinner included in registration)

TOTAL AMOUNT ENCLOSED \$ _____ *Thank you for your participation!*

Please make check payable to the Mayers Intermountain Healthcare Foundation and mail to:
MIHF, PO Box 77, Fall River Mills, CA 96028
Email: mtruan@mayersmemorial.com