



Amateur Golfer Registration Form

PO Box 243628, Boynton Beach, FL 33434-3628
 Phone 561-737-7733 ext. 84445 / Fax: 561-735-7942
 www.BethesdaHospitalFoundation.org

Wednesday, January 18, 2017

Qty	Description
	Early-bird single player registration fee* (\$1,650)
	Early-bird foursome registration fee* (\$6,600)
	Reception only** (\$75)

Qty	Description	Total
	Single player registration fee* (\$1,700)	
	Foursome registration fee* (\$6,800)	
	Donation	
		\$

Entries will be accepted on a first come, first served basis.

***Entry fees if registered by December 8, 2016.**

****Limited seating. Priority will be given to guests of registered players and sponsors.**

* Tax-deductible amount is \$1,100 per entry fee.

Caddies are available by request in advance. \$150 per foursome and \$85 per bag. **Please do not bring outside caddies.**

Full Name:

Company Name (if applicable):

Street Address:

City:

State:

Zip:

Phone:

E-mail:

Home Club:

Home Club Address:

Club Phone:

Club Professional Phone:

GHIN#:

Current Handicap
(max of 24):

Enclosed is my check for \$ _____ made payable to **Bethesda Hospital Foundation**.

Please charge \$ _____ to my credit card.

Card Number

Expiration Date **(required)**

Name as it appears on card

Security Code **(required)**

Billing Address **(required if different from above)**

Signature **(required)**

Date

My 3 amateur partners are:

1:

2:

3:

Listing your amateur partners above does not constitute an official entry for them. Partners must file individual forms.