

PLAYER REGISTRATION FORM

Players without a verifiable USGA handicap index must play Calloway.

▶ **Registration deadline is Friday, May 23, 2008. Space is limited, reserve early!**

Name _____

Phone _____

E-mail _____

Cart Caddy Dinner

USGA HCP Index _____ @ _____
(Name of Club)

Preferred Tee Time: 8 am 1 pm

▶ Additional Players in Foursome

Name _____ Dinner

USGA HCP Index _____ @ _____
(Name of Club)

Name _____ Dinner

USGA HCP Index _____ @ _____
(Name of Club)

Name _____ Dinner

USGA HCP Index _____ @ _____
(Name of Club)

- I will attend dinner and auction only (\$80).
- I cannot attend but wish to make a tax deductible donation of \$_____.

For more information, please call Hilda Bacon at 856.429.5637, ext. 485 or e-mail hbacon@bnh.org.

No. of Golfers _____ x \$300 = \$_____

No. of Dinner only _____ x \$80 = \$_____

Sponsor _____ = \$_____

Enclosed is my total contribution (sponsor and golfers) in the amount of: \$_____

Check Visa®/Mastercard®/AmEx®

Account # _____ Exp. _____

Signature _____

Name _____

Please complete both sides of this form and return by May 23, 2008. For your convenience, a return envelope is enclosed. Please make check payable to Bancroft NeuroHealth.