

# 8th Annual Cancer Golf Benefit Tournament - Registration Form 2011

Player's Registration fee: \$100/person prior to 06/01 and \$120 after that Date: \_\_\_\_\_

(1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(4) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



Registration fee: \$ \_\_\_\_\_ Donation: \$ \_\_\_\_\_ Raffle Tickets: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Please make checks payable to **Healthcare Trust of Mammoth Lakes** )

Send registration form and payment to: **Healthcare Trust of Mammoth Lakes, PO Box 100, PMB #160 Mammoth Lakes, CA 93546** or drop off in the **Community Relations Department at Mammoth Hospital.**

For more information, please contact Lori Ciccarelli at (760) 924-4015



# 8th Annual Cancer Golf Benefit Tournament - Registration Form 2011

Player's Registration fee: \$100/person prior to 06/01 and \$120 after that Date: \_\_\_\_\_

(1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(4) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



Registration fee: \$ \_\_\_\_\_ Donation: \$ \_\_\_\_\_ Raffle Tickets: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Please make checks payable to **Healthcare Trust of Mammoth Lakes** )

Send registration form and payment to: **Healthcare Trust of Mammoth Lakes, PO Box 100, PMB #160 Mammoth Lakes, CA 93546** or drop off in the **Community Relations Department at Mammoth Hospital.**

For more information, please contact Lori Ciccarelli at (760) 924-4015

