

28th Annual Golf 4 The Disabled

Tournament Registration Form – Friday, September 15, 2017

Broken Tee Golf Course - 2101 W Oxford Ave, Englewood, CO 80110 - 303-762-2670

Company Name/Player Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Cancellation Phone: _____

Email: _____

*Sponsorship Level: _____

*Special Needs (Single Rider Carts?): _____

Player 1: _____ Phone: _____

Email: _____ Cell: _____

Player 2: _____ Phone: _____

Email: _____ Cell: _____

Player 3: _____ Phone: _____

Email: _____ Cell: _____

Player 4: _____ Phone: _____

Email: _____ Cell: _____

Payment Information

*Please See Tournament Link on Website for Sponsorship Levels—Individual Entry Fee: \$125

Check Enclosed—please make checks payable to Golf 4 The Disabled

Visa MasterCard Other _____

Card #: _____ CVS: _____

Name on Card: _____

Signature: _____ Exp. Date: _____

Please submit this registration along with payment by September 5, 2017

to:

Carol Huserik, Craig Hospital, 3425 S. Clarkson St., Englewood, CO 80113

Email: chuserik@craighospital.org Website: www.golf4thedisabled.org