



10th Annual Golf

Tournament Fundraiser

Monday August 13th

9:00am Registration

10:00am Shotgun Start

20% of 18 Hole Handicap

Individual Golfer: \$60

Team of 4: \$240

Company: _____

Email: _____

Phone: _____

Address: _____

City/State/Zip: _____

Player 1: _____

Handicap: _____

Player 2: _____

Handicap: _____

Player 3: _____

Handicap: _____

Player 4: _____

Handicap: _____

Pay by Debit/Credit Card

Type of Card: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

3-Digit Security Code: _____

Total: _____

*****If you need a golf cart, please reserve carts by July 27th*****

Team will need _____ carts @ \$20.00 each

*****Please be prepared to pay the golf course after you register day of the tournament for your golf carts! DO NOT include golf cart fees in your total on this form*****

Please make checks payable to: CCMH. Registrations must be received by July 27th. Please mail this form to: CCMH, 824 North 11th Street Montevideo, MN 56265 Attn: Hillary, call 320-321-8500 or visit www.montevideomedical.com to register!