

THE
DO GOOD
CLASSIC

GOLF REGISTRATION

Golf package includes:

- Valet parking
- Lunch
- Golf cart
- Team photo
- 18 holes of golf
- Range balls
- Hole-in-one prizes
- Tee gifts

To reserve a spot as an individual or a foursome, please complete this form and mail with the appropriate fees. If you have further questions, call the Foundation at 425-640-4045 or e-mail foundation@stevenshospital.org

Please mail your completed registration and payment to:



Attn: Kit Massengale
21601 76th Avenue West
Edmonds, WA 98026

Golf Tournament & Lunch Monday, September 14

11:00 AM Registration & BBQ
1:00 PM Shotgun Start
6:30 PM 19th Hole Awards Celebration

Guests _____ x \$250 per person = \$ _____

Foursome at \$1,000 = \$ _____

TOTAL ENCLOSED \$ _____

___ Check ___ Visa ___ MasterCard

___ American Express ___ Discover

Card Number: _____

Expiration Date: ___ / ___ Security code: _____

Signature: _____

WEB REGISTRATION:

For your convenience visit:

www.stevenshospital.org/foundation_events.html

I am unable to participate this year. However, please accept my check in the amount of \$ _____

_____ Please send me sponsorship information.

Complete backside.

GATHER YOUR FOURSOME

Golfer 1

Name _____

USGA GHIN# _____ If no GHIN#, Ave. score: _____

Company Name _____

Address _____

Business Phone _____

Email Address _____

Golfer 2

Name _____

USGA GHIN# _____ If no GHIN#, Ave. score: _____

Company Name _____

Address _____

Business Phone _____

Email Address _____

Golfer 3

Name _____

USGA GHIN# _____ If no GHIN#, Ave. score: _____

Company Name _____

Address _____

Business Phone _____

Email Address _____

Golfer 4

Name _____

USGA GHIN# _____ If no GHIN#, Ave. score: _____

Company Name _____

Address _____

Business Phone _____

Email Address _____

Early payment reserves your spot! Dress code enforced.

 **Rain or Shine** 