

REGISTRATION CARD

- YES, please include me/my team in the FMC Foundation Golf Outing
 I am unable to attend but wish to make a \$_____ donation



OR Register online at ***fmchealth.org***

Name

Company

Address

Email

Phone

Session Preference:

- 8 a.m. Scramble OR 2 p.m. Scramble

METHOD OF PAYMENT:

- I'm an Event Sponsor Check VISA MasterCard Discover

Name of Sponsor

(Skip to Golfer)

Credit Card #

Name (as on card)

CVV Code

Exp. Date

Signature

Zip Code

Phone

Twosome*/Foursome will Include:

Golfer #1

Golfer #2

Golfer #3

Golfer #4

*Twosomes will be paired with another twosome.