

MERCY MEDICAL Charity Golf Tournament

Our community has never needed you more.

Thursday, September 23, 2010 • Rock Creek Golf Club, Fairhope.
Proceeds benefit pediatric and other patient charity care at Mercy.

Registration Form

Register early to ensure your place in the tournament.
Please complete form and mail to: **Mercy Medical
Development Office, P.O. Box 1090, Daphne, AL 36526**

If paying by credit card, you can also return form via **FAX 621-4324**
Questions: Call the Development Office at **621-4884**.

PLAYING FORMAT/TIME:

The format will consist of a four-person scramble with morning and afternoon shotguns. Please check one.

AM Shotgun 7:30 am Shotgun start
 PM Shotgun 1 pm Shotgun start

Please check all that apply:

- GOLD Sponsor** \$ 1,000.
Includes publicity, hole sign, two players
- SILVER Sponsor** \$ 500.
Includes publicity and one player
- INDIVIDUAL PLAYERS** \$ _____
_____ player (s) @ \$175 each
- ADDITIONAL GIFT** \$ _____
I would like to add a donation in addition to my registration fee.
- OTHER** \$ _____
I cannot play this year, but I would like to make a contribution.

TOTAL AMOUNT ENCLOSED	\$ _____
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Name _____

Business Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

PAYMENT METHODS:

Payment IN FULL is requested by August 30, 2010.

- CHECK**
Made payable to: Mercy Medical
- Credit/Debit Card** **VISA**  **MasterCard** 
- Discover**

Card Number _____

Expiration Date _____ Signature Panel Code _____
(Last 3 digits on back of card)

Cardholder's Name _____

Mercy Medical is a non-profit, 501(c)(3) organization. Federal tax ID# 63 6002215.

Player Information

Please complete the following information for each player.

Player #1		
Name _____	Handicap _____	
Business Name _____		
Address _____		
City _____	State _____	ZIP _____
Phone _____	Fax _____	Email _____

Player #2		
Name _____	Handicap _____	
Business Name _____		
Address _____		
City _____	State _____	ZIP _____
Phone _____	Fax _____	Email _____

Player #3		
Name _____	Handicap _____	
Business Name _____		
Address _____		
City _____	State _____	ZIP _____
Phone _____	Fax _____	Email _____

Player #4		
Name _____	Handicap _____	
Business Name _____		
Address _____		
City _____	State _____	ZIP _____
Phone _____	Fax _____	Email _____