

# CCMH 3rd Annual Golf Tournament

## REGISTRATION FORM

Name 1. \_\_\_\_\_ USGA HANDICAP \_\_\_\_\_

Name 2. \_\_\_\_\_ USGA HANDICAP \_\_\_\_\_

Do you own a cart or have a yearly rental at *The Crossings*?    Yes    No



Green Fees/Games/Meal \$100 Per Person = \_\_\_\_\_

Extra Evening Meal \$14 (non-player) = \_\_\_\_\_

I AM UNABLE TO PLAY, BUT WOULD  
LIKE TO MAKE A DONATION. = \_\_\_\_\_

Entry Total = \_\_\_\_\_

Make checks to: Chippewa County—Montevideo Hospital



RSVP must be received by Friday, September 2nd, 2011