



**COUNTRY CLUB of BUFFALO
MONDAY, AUGUST 2, 2010**

GOLFER REGISTRATION FORM

Contact Name _____

Company _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

GOLF (2 of 4 Best Ball Format) – Please select level & preferred tee time below:

- | | | |
|------------------------|---|--|
| Platinum Plus Foursome | <input type="checkbox"/> \$5000 (1 PM) | <input type="checkbox"/> \$4750 (8 AM) |
| Premier Foursome | <input type="checkbox"/> \$3250 (1 PM) | <input type="checkbox"/> \$3000 (8 AM) |
| Classic Foursome | <input type="checkbox"/> \$2500 (1 PM) | <input type="checkbox"/> \$2250 (8 AM) |
| Classic Twosome | <input type="checkbox"/> \$1200 (8 AM only) | |
| Individual Golfer | <input type="checkbox"/> \$600 (Available after June 1, 2010) | |

Golfer #1 Name _____ **Handicap** _____ **Shirt Size** _____

Golfer #2 Name _____ **Handicap** _____ **Shirt Size** _____

Golfer #3 Name _____ **Handicap** _____ **Shirt Size** _____

Golfer #4 Name _____ **Handicap** _____ **Shirt Size** _____

Your payment is a guarantee for your reservation. Each registration must be paid in full prior to participation in the tournament. Please select preferred payment method:

Standard Invoice to address above.

Personal or Company check (Made payable to *Sisters Hospital Foundation*)

Please charge my VISA MasterCard American Express Discover

Credit Card # _____

Expiration Date _____ **Signature** _____