




**NORTHSIDE HOSPITAL
 CHEROKEE**

AUXILIARY



5th ANNUAL GOLF TOURNAMENT

Monday, June 18th, 2018

Fairways of Canton

400 Laurel Canyon Parkway
 Canton, GA 30114
 (770) 720-1808

Sign In: 8:00am
 Shotgun Start: 9:00am
 Format: Scramble
Rain or Shine

REGISTRATION CLOSES June 15th, 2018

Register by Mail, Phone or E-mail

Mail: Send Completed Registration Form with check made out to **NHC Auxiliary** to:
 Northside Hospital-Cherokee Auxiliary
 Attn: Volunteer Services
 450 Northside Cherokee Blvd.
 Canton, GA 30115

E-mail and Phone Registration contact:

Tom McKay at: tmckay01@gmail.com or
 (919) 669-1771

REGISTRATION FORM

Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Please list team players. Teams or individuals of less than 4 players will be consolidated into team foursomes.

1. _____ 2. _____

3. _____ 4. _____

Registration Fees include: * 18 Holes * Golf Cart * Range Balls * Lunch * Closest to Pin & Longest Drive * \$25,000 Hole In One * Prizes * Awards Ceremony	<u>Tax Deductible Fees</u>		
	Registrant (golfer):	\$100 per player	
	Mulligans:	\$10 each. Limit 2 per player	
	Throws:	\$10 each. Limit 2 per player	
	Hole Sponsorship:	\$350 per hole	
	Please complete the section below:		Total
	Registrant Fee(s): _____ x \$100 =		
Number of Mulligans: _____ x \$10 =			
Number of Throws: _____ x \$10 =			
Hole Sponsorships: _____ x \$350 =			
Proceeds Benefit: Northside Hospital-Cherokee Auxiliary NSC Auxiliary 501c3 organization	Grand Total =		