

GOLF TOURNAMENT

FHCA Golf Tournament Sponsored by Medline

REGISTRATION FORM

Note the tournament will be held on Monday, July 16, at the The Club at Emerald Hills, 4100 North Hills Drive in Hollywood. Continental Breakfast at 7:30 a.m.; shotgun start at 8:00 a.m.

PARTICIPANT INFORMATION (please print)

Company Name _____

Contact Name _____

Address _____

City, State, Zip _____

Email _____

Phone _____

Fax _____

For each golf participant, please provide an email address and phone number.

*Pairings/foursomes cannot be established unless participants are paid in full with this registration form. No TBAs will be accepted.

1. Name _____

Phone _____

Email _____

2. Name _____

Phone _____

Email _____

3. Name _____

Phone _____

Email _____

4. Name _____

Phone _____

Email _____

PAYMENT INFORMATION

\$175 per individual

\$600 per foursome

(all 4 players must register together)

CHECK ENCLOSED

CREDIT CARD:

American Express MasterCard VISA Discover

Card No. _____

Expiration Date _____

Cardholder's Name _____

Email for Receipt _____

TOTAL PAYMENT \$ _____

Signature _____

Proceeds from the FHCA Golf Tournament will support scholarships awarded through the 501c3 FHC Education & Development Foundation along with grassroots activity for the FHC PAC. Contributions or gifts to the FHC PAC are not deductible from federal income taxes.

Mail checks payable to:

FHCA

P.O. Box 1459

Tallahassee, FL 32302-1459

OR

fax credit card payments to

(850) 681-2075.

