

## Player Registration Form

### CONTACT INFORMATION

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### PLAYER INFORMATION

Golfer 1 \_\_\_\_\_ Email \_\_\_\_\_

Golfer 2 \_\_\_\_\_ Email \_\_\_\_\_

Golfer 3 \_\_\_\_\_ Email \_\_\_\_\_

Golfer 4 \_\_\_\_\_ Email \_\_\_\_\_

#### Registration Includes:

- Greens Fees
- Golf Cart
- Lunch and Dinner
- Great Player Gifts
- Golf Balls
- Fantastic Prizes

\_\_\_\_\_ Individual Golfers at \$165 each \$\_\_\_\_\_

\_\_\_\_\_ Individual Golfers at \$155 each \$\_\_\_\_\_  
(for registrations received by 6/15/23)

\_\_\_\_\_ Additional Dinner Only Tickets (\$45) \$\_\_\_\_\_

Total \$\_\_\_\_\_

### PAYMENT INFORMATION

Check enclosed in the amount of \$\_\_\_\_\_ payable to HCERS

Please charge my credit card in the amount of \$\_\_\_\_\_

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Billing Zip \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

*Thank You For  
Your Support!*

Return this form to Alice Bradeen, HCERS, 390 River Street, Springfield, VT 05156  
Email: [abradeen@hcrs.org](mailto:abradeen@hcrs.org), Phone: (802) 886-4567 ext. 2191, Fax: 802-886-4580

You may also register online  
with a credit card:  
[www.hcrs.org/support-hcrs/  
golf-tournament.php](http://www.hcrs.org/support-hcrs/golf-tournament.php)