HCRS
HEALTH CARE & REHABILITATION SERVICES OF SOUTHEASTERN VERMONT

2019 Golf Tournament
for Kindle Farm School

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 $150 each $_____

_____ Individual Golfers at $140 each $_____
(for registrations received by 5/31/19)

_____Additional Dinner Only Tickets ($40) $_____

Total $_____

PAYMENT INFORMATION

☐ Check enclosed in the amount of $_____ payable to HCRS

☐ 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, HCRS, 390 River Street, Springfield, VT 05156
Email: 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/supoort-hcrs/golf-tournament.php