

The Annual Tommy Fund Invitational Golf Tournament
Registration Form

GENERAL INFORMATION

- Contact Name _____
- Company _____
- Address _____
- Daytime Phone (_____) _____ FAX(_____) _____
- E-Mail Address _____

- I will be playing alone and need to be joined with a foursome
- I will be playing in a foursome
- I will be attending Dinner only (\$100.00)

<u>Team Captain</u>	<u>\$250.00</u>
<u>Player #2</u>	<u>\$250.00</u>
<u>Player #3</u>	<u>\$250.00</u>
<u>Player #4</u>	<u>\$250.00</u>

Please download form and enclose a Check made payable to The Tommy Fund then mail to:
Tommy Fund for Childhood Cancer
c/o Yale-New Haven Children's Hospital
20 York Street
New Haven, CT 06510

Or, Charge to: Master Card Visa Amex Discover

Card number: _____

Expiration Date: _____ 3 Digit Security Code: _____

*Golf spots are available on a first-come, first-served basis
upon receipt of payment.*