

I wish to enter the Helping Hands Golf Tourney.

Enclosed is my check for \$65.00

Dinner only, \$20.00 per person

Name \_\_\_\_\_ Handicap (if Known) \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Make checks payable to:

Springfield Area Health Care Foundation, PO Box 146, Springfield, MN 56087

(Include 9-hole handicap when registering to play)