

Registration Application

50% of team fees are due upon your commitment and registration. Full Team payment is due by May 1st, 2019*

Name: _____

GHIN # _____ Handicap _____

Handicap Division

Non-Handicap Division

Address: _____

City _____ State _____ Zip _____

Phone _____

Email _____

* Indicate Name of Team Captain Below:

I have enclosed:

Entire Team Entry.....(\$820) _____

Deposit Amount for Team....(50%=\$410) _____

Entire Individual Entry Fee (\$164pp)..... _____

Extra Dinner Guests \$25/person _____

I cannot attend but wish to donate..... _____

Total amount enclosed..... _____

Charge my: Visa Master Card

Cardholder's Name _____

Card # _____

Exp. Date _____ CV Code _____

Signature _____

Online Payments Available at:

www.masongeneral.com/community/events

All registration fees are non-refundable after May 1, 2019 and reservations are on a first come first serve basis unless pre-registered.

Venue & Photo Release:

By registering for the MGHF "Quality Care Open" Golf Tournament I hereby freely and voluntarily grant permission to Mason General Hospital Foundation ("MGHF") to publish my pictures and related information in all MGHF and District publications, including but not limited to website publications, without any compensation to me and without any right of inspection/prior approval reserved to me. I hereby waive and release any and all claims that may arise from or relate to such use and publication, and indemnify MGHF and Public Health District #1 with respect to the same.

X

(Sign full name here)

Proceeds will fund the following item:

Important Team/Player Information:

* Team Handicaps to be calculated with a differential of ten strokes from lowest handicap to highest handicap on each team. You may have high handicappers on your team but to level the playing field, all will play to within ten strokes of the lowest handicap in your group.

* Teams playing in the handicap division must have an established handicap, and have five rounds recorded in 2018. GHIN #'s along with player registration information must be submitted by Friday, May 1, 2019.

Please enclose this registration application with your payment/deposit and return to:

**Mason General Hospital Foundation
PO Box 1668, Shelton, WA 98584
(360) 427-3623**

www.masongeneral.com/foundation