



Mason General Hospital Foundation Quality Care Open
Pre-Registration

Please sign me up for the 2018 tournament!

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email Address: (required) _____

I want to play with: _____

This will be a sponsorship team: ____Yes ____ No **Signature** _____

Please return this complete pre-registration form to: MGHF, POB 1668, Shelton, WA 98584

You can call (360) 427-3623 with any questions. You will receive an email confirmation of your entry as receipt.

****No team spots are reserved until this pre-registration form is received and confirmed by MGHF staff.****

REGISTRATION FEES ARE DUE BY MAY 1ST, 2018