

Online Registration Application

50% of team fees are due upon your commitment and registration. Full Team payment is due by May 1st, 2017*

Name: _____ (Please print)

GHIN # _____ Handicap _____ Handicap Division Non-Handicap Division

Address: _____
City _____ State _____ Zip _____ Phone (____) _____ Email _____ @ _____

* Indicate Name of Team Captain: _____

I am paying for the following:

Entire Team Entry	(\$820)	_____
Deposit Amount for Team	(50%=\$410)	_____
Deposit Amount for Individual Entry Fee of 164pp	(50%=\$82pp)	_____
Entire Individual Entry Fee	(\$164pp)	_____
Extra Dinner Guests	(\$25/person)	_____
I cannot attend but wish to donate	(Donation)	_____

Total amount enclosed \$ _____

All registration fees are non-refundable after May 1, 2017 and reservations are on a first come first served basis

Venue & Team 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)

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 2017. GHIN #'s along with player registration information must be submitted by Friday, May 1, 2017.

***If you wish to pay by check,
Please enclose this registration application with your check payment/deposit and return to:***

**Make checks payable to "MGHF"
Mason General Hospital Foundation
PO Box 1668, Shelton, WA 98584
Phone: (360) 427-3623
Fax: (360) 427-4448
Email: foundation@masongeneral.com
www.masongeneral.com/foundation**