

# 4th Annual Cancer Golf Benefit Tournament - Registration Form 2007

Player's Registration fee: \$115/person

Date: \_\_\_\_\_

(1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_

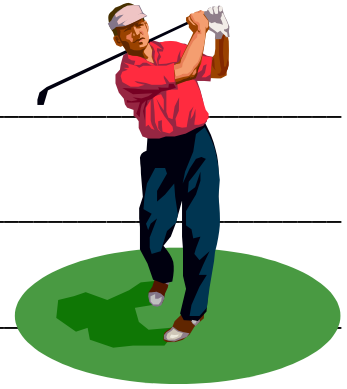
Phone: \_\_\_\_\_

(3) Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(4) Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_



Registration fee: \$ \_\_\_\_\_ Donation: \$ \_\_\_\_\_ Raffle Tickets: \$ \_\_\_\_\_ Mulligan Packages: \$ \_\_\_\_\_  
**Total: \$ \_\_\_\_\_**

Double Eagle  
 Eagle

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Please make checks payable to Mammoth Hospital Foundation)

**Send registration form and payment to: Mammoth Hospital Foundation, PO Box 100, PMB #160  
Mammoth Lakes, CA 93546 or drop off in the Community Relations Department at Mammoth Hospital.**  
For more information, please contact Jennifer Hansen at (760) 924-4200.



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