



Hills & Dales 11th Annual Golf Scramble
August 7th, 2009
Golfer/Sponsor Registration

Contact Information	
Name	
Company Name	
Phone	
Address	
eMail	
City, State Zip	

Player Information	
Foursome: \$500 Individual: \$125	
Name	Shirt Size
Player #1	S M L XL XXL
Player #2	S M L XL XXL
Player #3	S M L XL XXL
Player #4	S M L XL XXL

Sponsorship Information				
____ Yes, I would like to be a Sponsor. (circle sponsorship level below)				
Event Sponsor	Gold Sponsor	Dinner Sponsor	Lunch Sponsor	Tee Sponsor
____ Yes, I would like to make a prize donation.				
Prize Description				

Payment Information		
Method of payment (circle one)	Check (payable to Hills & Dales HealthCare Corp)	Other (describe)
Card Number	Visa	MasterCard
Signature	Expiration Date	

Mail or fax form to	Please register by July 22 nd , 2009
Ashley Patrick, c/o Hills & Dales HealthCare Corp. 4675 Hill St. Cass City, Mi. 48726	Fax: (989) 872-3820 Phone: (989) 912-6371 eMail: apatrick@hdghmi.org