



# PLAYER Registration Form (to print and mail with your check)

(Please duplicate for additional teams)

**Player 1**     I am the payment contact

Golfer's Name \_\_\_\_\_ USGA Handicap Index \_\_\_\_\_

Company Name \_\_\_\_\_ Home Club \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Player 2**

Golfer's Name \_\_\_\_\_ USGA Handicap Index \_\_\_\_\_

Company Name \_\_\_\_\_ Home Club \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Player 3**

Golfer's Name \_\_\_\_\_ USGA Handicap Index \_\_\_\_\_

Company Name \_\_\_\_\_ Home Club \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Player 4**

Golfer's Name \_\_\_\_\_ USGA Handicap Index \_\_\_\_\_

Company Name \_\_\_\_\_ Home Club \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Entry Fee:** \$300 per player

Foursomes will be reserved once all four players have paid in full.

# Players \_\_\_\_\_ Total \$ \_\_\_\_\_

**Payment Information** (if not listed under player 1)

Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Check enclosed** in the amount of \$ \_\_\_\_\_

(Make check payable to New London Hospital Golf Invitational)

or choose:

**Visa**     **Mastercard**     **Discover**     **American Express**

Credit card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

Please return this form with your check to: Donna Gatnarek  
New London Hospital, 273 County Rd., New London, NH 03257