

2018 Annual A.R. 'Pete' Giesen MHA-A Golf Tournament

Player Registration Form

Player 1/Team Captain

Name: _____

Address: _____

City, State, ZIP: _____

Email: _____

Phone number: _____

Player Handicap: _____

Player 2

Name: _____

Address: _____

City, State, ZIP: _____

Email: _____

Phone number: _____

Player Handicap: _____

Player 3

Name: _____

Address: _____

City, State, ZIP: _____

Email: _____

Phone number: _____

Player Handicap: _____

Player 4

Name: _____

Address: _____

City, State, ZIP: _____

Email: _____

Phone number: _____

Player Handicap: _____

Company name (Corporate Team ONLY): _____

I am registering a:

- Player - \$125
- Foursome - \$500
- Corporate Team - \$600

(Corporate Team includes foursome & hole sponsorship)

Please return & make checks payable to
**Mental Health America
of Augusta** at:

101 W. Frederick St.,
Staunton, VA 24401

