

## INDIVIDUAL REGISTRATION FORM

[If you are a foursome, please list on reverse side]

PLEASE PRINT

Player Name \_\_\_\_\_ HDCP \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_

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

I would like to be a **Golf Tournament Sponsor**  
at the following level (see reverse side for sponsorship level  
details):

I am unable to attend but would like to **donate** a prize of:

\_\_\_\_\_

or the enclosed gift of \$ \_\_\_\_\_.

MAKE CHECK PAYABLE TO:

**New Orleans Medical Mission Services**

PLEASE PROVIDE CREDIT CARD INFORMATION:

Please Check: \_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_ AMEX

Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ CVV# \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

### SPECIAL THANKS TO

**First Bank & Trust, Hydra Force, NOMMS  
Volunteers** and the staff at **Lakewood Golf Club**

Take home prizes and the good feeling of having helped  
**New Orleans Medical Mission Services**  
in PROVIDING HEALTH RELIEF TO THE POOR

[www.NOMMS.org](http://www.NOMMS.org)



New Orleans Medical Mission Services, Inc.  
P.O. Box 6249 • New Orleans, LA 70174  
T 504-392-1934 • F 504-368-2011  
[www.NOMMS.org](http://www.NOMMS.org)

## FIRST BANK AND TRUST



12TH ANNUAL GOLF TOURNAMENT  
AT LAKEWOOD GOLF CLUB  
TO BENEFIT



[www.NOMMS.org](http://www.NOMMS.org)

## GOLF SPONSORSHIP LEVELS

**CORPORATE SPONSOR 1 \$600**  
4-some and hole sponsor signage. Includes lunch, golf, drinks on the course, dinner and special NOMMS gift for each player

**CORPORATE SPONSOR 2 \$300**  
Name will be placed on banner at registration Pavillion on day of tournament

**FOURSOME SPONSOR \$500**  
4-some and Includes lunch, golf, drinks on the course, dinner and special NOMMS gift for each player

**DRINK CART SPONSOR \$500**  
Special recognition and signage on drink cart

**INDIVIDUAL GOLFER \$125**  
Includes lunch, golf, drinks on the course, dinner and special NOMMS gift

**HOLE SPONSOR \$150**  
Special signage

**SAND TRAP SPONSOR \$25**

### FRIEND OF NOMMS

If you are not a golfer, we would still very much appreciate your support in kind:

**\$25 \$50 \$75 \$100 OTHER** \_\_\_\_\_

## THE TOURNEY

### REGISTRATION & LUNCH

**11:00am to 12:00 Noon**  
**\$125 PER PLAYER \$500 PER FOURSOME**  
Includes lunch, green fees, cart usage and a reservation for the awards presentation buffet dinner after the tournament

### TEE OFF

**12:00pm**

### PUTTING CONTEST

**50/50 Split**

### CHEATER'S ROPE

### MULLIGANS

### HOLE IN ONE

## ABOUT NOMMS

### NOMMS MISSION

"Deliver medical expertise and treatment to the underprivileged population of foreign countries by providing services, treatment and supplies, and do so, with dignity and self-esteem to program recipients and participants."

### GOLF COMMITTEE CHAIRS

Kristie McConnell

### HONORARY GOLF CHAIRS

Steve Guccione

Michael Kennedy

Noah Pritchard

Jeff Parker

### GOLF COMMITTEE MEMBERS

Dana Atchison	Raymond Massett
Terry Almon, First Bank	Fred & Pam Mikill
Harold Buchler	Dan Milham
Beverly Buisson	Jake & Joan Orfanello
Edna & Ken Centola	Jeff Parker
Jack Dardis	Holly Pritchard
Jeanne & John Driscoll	Jim Ray
Lance Estrada	David & Karen Richards
R. Daniel Jacob	Ralph Senner
Joan Johnson	Eric Tanzberger
Tom & Mary Kennedy	Jay Vallelungo
	V.M. Wheeler

## DOOR PRIZES

### FOURSOME PICTURES

## DINNER TO FOLLOW THE GOLF TOURNAMENT

## TEAM REGISTRATION FORM



### ELECTRICAL

**12<sup>TH</sup> ANNUAL GOLF TOURNAMENT**  
**Friday - OCTOBER 19, 2017**

**LAKEWOOD GOLF CLUB**  
**4801 GENERAL DEGAULLE DRIVE**  
**NEW ORLEANS, LA 70131**

PLEASE CIRCLE DIVISION: LADIES' OR MEN'S

- Contact Name \_\_\_\_\_ HDPC \_\_\_\_\_  
Address \_\_\_\_\_  
Day Phone \_\_\_\_\_  
E-mail \_\_\_\_\_
- Name \_\_\_\_\_ HDPC \_\_\_\_\_  
Address \_\_\_\_\_  
Day Phone \_\_\_\_\_  
E-mail \_\_\_\_\_
- Name \_\_\_\_\_ HDPC \_\_\_\_\_  
Address \_\_\_\_\_  
Day Phone \_\_\_\_\_  
E-mail \_\_\_\_\_
- Name \_\_\_\_\_ HDPC \_\_\_\_\_  
Address \_\_\_\_\_  
Day Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

PLEASE DETACH THIS PANEL AND MAIL TO:

**NOMMS GOLF TOURNAMENT**  
**P. O. Box 6249 - NEW ORLEANS, LA 70174**

For more information please contact Mike Kennedy:  
E: [mike@hydraforcellc.com](mailto:mike@hydraforcellc.com) - T: 504-392-1934 - F: 504-368-2011

**\$10,000**  
**HOLE-IN-ONE PRIZE!**