



Haile Clacken Bipolar Foundation

Golf Fundraising Event Registration Form

To guarantee participation, registration must be completed by July 21, 2018

Mail registration form and payment by check to *P.O. Box 249, Franklin Square, NY 11010*
or submit electronic payment to **donations@hcbipolarfoundation.org**

First Name _____ Last Name _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Country _____

Amateur Golfer's Self-Rating

- Pro-like
- Challenger
- Semi-Experienced
- Novice

Golf Registration \$100/player

- Individual (team assigned at check-in)
- Two of Four (two teammates assigned)
- Twosome (team of two confirmed)
- Foursome (team of four confirmed)
- Golf Clinic Only (no play) **\$60/person**

Names of Team Members _____

Dietary Requirements: Vegan Vegetarian Gluten Free None