Haile Clacken Bipolar Foundation, Inc.

Golf Fundraising Event Registration Form

To guarantee participation, mailed registration must be completed by July 13, 2019

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 (requested team member)

___ Registered Foursome $90/player

(Identify the Foursome team members below)

___ Golf Clinic Only $50/person

Names of Team Members _____

_____

_____

Dietary Requirements: ___ Vegan ___ Vegetarian ___ Gluten Free ___ None