

≈ 2019 golf tournament entry form ≈

ENTRY FORM & PAYMENT TO:

Martha's Vineyard Hospital Development Office
PO Box 1477 • Oak Bluffs, MA 02557

CONTACT:

Tel 508-693-4645 Fax 508-693-6291 etilton@partners.org

ENTRY FEE:

- PLAYER: \$500
 HOLE SPONSOR: \$2,500
 OTHER SPONSOR: _____

PAYMENT INFORMATION:

Please Submit Entry Form & Payment by July 1st 2019

CHECK ENCLOSED MADE PAYABLE TO "MV HOSPITAL"

PLEASE CHARGE: AMEX VISA MC DISCOVER

_____ / _____
Card Number Expiration Date

Name as it Appears on Credit Card (Please Print)

Signature

TEAM PREFERENCE:

1. _____
2. _____
3. _____
4. _____
5. _____

TAX DEDUCTIBILITY PER PLAYER:

Farm Neck Member \$375 • Farm Neck Island Member \$287 • Non-member \$200



FARM NECK
Martha's Vineyard Hospital
Annual Golf Tournament

All player information is **REQUIRED** for tournament registration.

Player #1 (Your Name) _____

Company _____

Address _____

Email _____

Handicap _____ Tel _____

Player #2 _____

Company _____

Address _____

Email _____

Handicap _____ Tel _____

Player #3 _____

Company _____

Address _____

Email _____

Handicap _____ Tel _____

Player #4 _____

Company _____

Address _____

Email _____

Handicap _____ Tel _____

Player #5 _____

Company _____

Address _____

Email _____

Handicap _____ Tel _____