



Friday, May 3, 2024 at Seascape Golf Club, Aptos, CA

REGISTRATION FORM

- Business Foursome** (includes tee sign) **\$1,000**
- Individual Golfer(s)** _____ x **\$195** = _____
- Tee Sign**..... **\$250**
- I will not be able to participate this year, but I am enclosing my tax-deductible donation of \$ _____

Golfers

Name	Senior	Phone	Email
1.			
2.			
3.			
4.			

NOTE: All golfers in foursome must be 65 plus to qualify for Senior Division. If anyone in your party has special needs, please let us know.

Payment

Dinner Only Additional guests may attend the buffet dinner, auction, and raffle at a cost of \$55 per person

Additional dinner(s) _____ x \$55 = \$ _____

Guest name(s) _____

Payment Total (Registration + Tee Sign + Donation + Additional Dinners):

\$ _____

Credit Card _____ Exp _____

If you prefer, you may call in your credit card number to 831.430.3084

Check enclosed, made payable to Hospice of Santa Cruz County

Company Name (for Tee Sign): _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please return completed form by **April 19, 2024**

SEND TO:

Hospice of Santa Cruz County
940 Disc Drive
Scotts Valley, CA 95066

INFORMATION:

Sigfrid Garman

☎ 831.430.3084

✉ fairwaysforkids@hospicesantacruz.org

Tax ID No. 94-2497618

