

2023 GOLF ENTRY FORM



NOTE: ALL entry forms will be processed on a first-come - first-serve basis

Sponsors must return completed & **signed** golf entry forms to confirm registration. Non-sponsored entries must include \$150 with entry form to confirm registration. Entry fees are non-refundable. For more information, call 828-452-8343.

Name: _____

Address: _____

City: _____ State/Zip: _____

Telephone: _____

Email: _____

Handicap (verifiable) or USGA No.: _____

Home Course: _____

Partner's Name: _____

Partner's Telephone: _____

FOURSOME: If you have a preference, please indicate with whom you wish to play in a foursome and we will try to accommodate.

Name: _____

and Name: _____

of additional Gala Tickets at \$100 _____

Note: The handicap differential may not exceed 10 between partners.

In addition to the information on this form, your golf partner must complete his/her own form and sign his/her waiver agreement.

If you do not have a partner, we will be glad to pair you with another golfer.

Please complete all information on both sides of form.

Select Your Tournament of Choice

Wednesday, August 30
Laurel Ridge Country Club

Ladies'

_____ 8:00 a.m. Shotgun start

_____ 1:00 p.m. Shotgun start

Men's

_____ 8:00 a.m. Shotgun start

_____ 1:00 p.m. Shotgun start



ENTRY FEE \$150 per person includes golfer's lunch and 1 complimentary Gala ticket. Tournament is limited to first come, first serve. Please mail check with entry form. Entry fees are non-refundable. Additional Gala tickets may be purchased at \$100 each.

SPONSORED GOLFERS (SPONSOR NAME) is covering my ENTRY Fee.

Each sponsored golfer must complete and return entry form to play in the golf tournament.

WAIVER (must sign)

In consideration of acceptance of this entry, I waive all claims for myself and my heirs against officials or sponsors of the 2023 Golf Tournament for injury or illness which may directly result from my participation. I further state that I am in proper physical condition to participate in this event.

Signature of Entrant

Date

MAKE CHECK TO: HHF FOUNDATION

(Do not send cash) Mastercard or VISA accepted. Please call 828-452-8343 with credit card information.

MAIL TO: HAYWOOD HEALTHCARE FOUNDATION
262 Leroy George Dr., Clyde, NC 28721

Please complete all information on both sides of form.