



Littleton Regional Hospital – Dr. Moose Golf Tournament
Early-Registration - Player Entry Form
 Friday, September 17, 2010

Enter As: _____ Single _____ Twosome _____ Foursome

1. Name: _____ HC: _____
 Address: _____
 Phone No.: () _____ Email: _____
2. Name: _____ HC: _____
 Address: _____
 Phone No.: () _____ Email: _____
3. Name: _____ HC: _____
 Address: _____
 Phone No.: () _____ Email: _____
4. Name: _____ HC: _____
 Address: _____
 Phone No.: () _____ Email: _____

Early Bird Registration! Save \$25 per player or \$100 per team by registering now!

___ Please register ___ player slot(s) at **\$100** each OR Team of Four (4) **\$400** \$ _____

___ Invoice me in **July 2009**

Total Enclosed: \$ _____

After **July 1, 2010**, Registration will be **\$500.00** per team and **\$125.00** per person

MAKE CHECK PAYABLE TO and MAIL:

LRHCF Golf Tournament  **600 St. Johnsbury Road**  **Littleton, NH 03561**

PAYMENT BY CREDIT CARD:

___ VISA • ___ MASTERCARD • ___ DISCOVER • ___ AMERICAN EXPRESS

CREDIT CARD # _____ • EXP. ___/___

Pre-Register Now to Save \$\$\$ and Guarantee Your Space