



St. Joseph Healthcare's
21st Annual Frank C. Chapman
Memorial Golf Tournament

REGISTRATION FORM

*August 6, 2010 - Bangor Municipal Golf Course
7am Registration - 8am Shotgun start*

**Registration: \$500 per Foursome
Gold Club: Add \$50 per Player OR \$150 per Foursome - A \$50 Savings!**

Player One _____

Company _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____

Include me in the exclusive Gold Club! *Please add \$50 per golfer.*

Jacket Size _____

Men's Ladies'

Chicken Lobster

Handicap _____

Player Two _____

Company _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____

Include me in the exclusive Gold Club! *Please add \$50 per golfer.*

Jacket Size _____

Men's Ladies'

Chicken Lobster

Handicap _____

Player Three _____

Company _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____

Include me in the exclusive Gold Club! *Please add \$50 per golfer.*

Jacket Size _____

Men's Ladies'

Chicken Lobster

Handicap _____

Player Four _____

Company _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____

Include me in the exclusive Gold Club! *Please add \$50 per golfer.*

Jacket Size _____

Men's Ladies'

Chicken Lobster

Handicap _____

We cannot attend. Please accept our tax deductible contribution of \$ _____

**Please return this form with your payment to:
St. Joseph Healthcare, Office of Development
P.O. Box 1638, Bangor, ME 04402-1638**

Due to the popularity of this event, we are unable to refund payment after July 9, 2010.

Total Enclosed \$ _____

Credit Card # _____

Expiration _____

Signature _____