



WSSHE Southwest Chapter 3rd Annual Golf Tournament Thursday, September 9th, 2010



Golfer Registration Form

McCormick Woods Golf Course - 5155 McCormick Woods Dr SW - Port Orchard, WA 98367
Golfer Check-In 11:00AM - Shotgun Start 1:00PM / Awards Dinner 5:30PM – 8:00PM

Golf & Dinner Registration (subject to confirmation)		
Name	Company	Flight (beginner, intermediate, or advanced)
1.		
2.		
3.		
4.		

**Come play a round of golf and then join us in the clubhouse for our chapter dinner and annual meeting.
There will be gifts, contents and plenty of fun for everyone!**

Contact Person		
Provide the person responsible for changes, cancellations and dissemination of information to registered golfers.		
Name: _____	Company: _____	
Phone: () _____	Fax: () _____	E-Mail: _____

Enclosed fees:

of Golfers _____ \$40 per person \$ _____
(Dinner provided by SW Chapter of WSSHE) **Total** \$ _____

Payment Options:

___ Check enclosed for payment in full payable to: "WSSHE SW Chapter"
 ___ Send invoice to above name and address.
 ___ Bill my Visa/MasterCard #: _____ Expiration: _____
 Name as it appears on card: _____ CV#: _____
 Signature(s): _____ Date: _____

To reserve your Golfers send completed registration form via:

Fax: 253-265-3043 **Mail To:** WSSHE SW Chapter **E-mail:** aminc2@comcast.net
 Attn: Katie Bohocky
 P.O. Box 6906
 Tacoma, WA 98417

**All gofer names are needed by the August 27th deadline. Cancellation deadline is August 27th. No refunds or credits after 8/27/10.
Please send in your payment with this form to reserve your place. No reservations will be accepted without payment.**