

PLEASE REGISTER BY JUNE 23 USING THE FORM BELOW OR VISIT WWW.HOSP.ORG.

SPONSORSHIP LEVEL: _____

Contact Person: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

PAYMENT

Check Enclosed OR Credit Card: Visa MC Amex **TOTAL: \$** _____

Acct #: _____ Exp. Date: _____

Authorized Signature: _____ Date: _____

GOLFERS SPONSORSHIP FOURSOME REGISTRATION FOURSOME REGISTRATION

Team Name: _____

Golfer #1 & Captain Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Golfer #2 Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Golfer #3 Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Golfer #4 Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Send registration and payment by **June 23, 2017** to: Hospitality Homes, PO Box 15265, Boston, MA 02215
Fax: 617-582-7980 Email: sheckethorn@hosp.org

PLEASE DETACH AND RETURN WITH YOUR PAYMENT