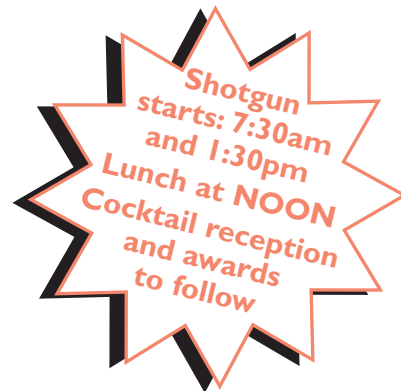




# The Dorothy Hamill Women *fore* Women



Golf Tournament  
to benefit the Mammography Fund  
at Saint Mary's Hospital



Chairpersons: *Mary Wiatr & Chris Geraghty*

## The Country Club of Waterbury

Monday June 8, 2009

Scramble format for golfers of all levels

### REGISTRATION FORM

- Yes**, I would like to be a \_\_\_\_\_ sponsor, and I have enclosed payment of \$ \_\_\_\_\_ in check  or credit card  (fill-in information below).
- I am interested in a sponsorship opportunity. Please contact me with more information.
- I am not interested in a sponsorship, but am enclosing payment for \_\_\_\_\_ (qty) golfers.
- I am not interested in a sponsorship or in attending the event, but please accept my donation of \$ \_\_\_\_\_ for the Mammography Fund at Saint Mary's Hospital.

**GOLFERS' NAMES** (Please Print or Type)

**USGA HANDICAP**

**CHECK ONE:**

1. _____	_____	<input type="checkbox"/> 7:30am start
2. _____	_____	<input type="checkbox"/> 1:30pm start
3. _____	_____	
4. _____	_____	

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company Name: \_\_\_\_\_  Home  Business

Street: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**AMOUNT**

**Total Amount**

Golf: \_\_\_\_\_ x \$150 = \$ \_\_\_\_\_

Sponsorship Level: \_\_\_\_\_ \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

**All registrations are final.**

**Please return this form in the return envelope enclosed by 5/25/09 to:**

Lezlye Zupkus  
**Saint Mary's Hospital Foundation**  
56 Franklin Street, Waterbury, CT 06706  
**Phone:** (203) 709-3761 • **Fax:** (203) 709-3272  
**Email:** lezlye.zupkus@stmh.org