



Golfer Registration

_____ **Foursome(s) x \$ 160.00**

Total: \$ _____

 Name Phone Email

 Address

 City State Zip

First Foursome

Second Foursome

Golfer 1 _____

Golfer 1 _____

Golfer 2 _____

Golfer 2 _____

Golfer 3 _____

Golfer 3 _____

Golfer 4 _____

Golfer 4 _____

Please make checks payable to: Providence Ministries and mail to: 51 Hamilton St. Holyoke, MA 01040

For credit card payments: Visa MasterCard American Express

 Account number Exp date CVV

 Name on card Signature

Thank you for your life-saving support