

**Caring Hearts Free Clinic of Patrick County  
Golf Tournament  
Sunday, November 6, 2016  
Tournament Registration  
\$125/player or \$500 team donation  
Registration Deadline is October 25<sup>th</sup>, 2016**

**Team Name:** \_\_\_\_\_

**Team Captain/Contact:** \_\_\_\_\_ **Shirt Size:** S M L XL XXL

**Captain Address:** \_\_\_\_\_

**Captain Phone Number:** \_\_\_\_\_

**Captain Email Address:** \_\_\_\_\_

**Player 2 Name:** \_\_\_\_\_ **Shirt Size:** S M L XL XXL

**Player 2 Address:** \_\_\_\_\_

**Player 3 Name:** \_\_\_\_\_ **Shirt Size:** S M L XL XXL

**Player 3 Address:** \_\_\_\_\_

**Player 4 Name:** \_\_\_\_\_ **Shirt Size:** S M L XL XXL

**Player 4 Address:** \_\_\_\_\_

- **Registration fee includes food, cart and green fees. All players will receive a goody bag and chances to win great prizes including: first, second and third prize, ladies grand prize, closest to the pin, longest drive, and highest score.**

**Mulligans, 50/50, and other shenanigans will be available for purchase!**

**Please return the Registration Form and payment by October 25, 2016 to Caring Hearts Free Clinic, 835 Woodland Drive, Suite 101, Stuart, VA 24171. Payment may be made through Paypal on our website [www.caringheartsclinic.org](http://www.caringheartsclinic.org), or by cash or check. Checks should be made payable to Caring Hearts Free Clinic of Patrick County. Call Christie Fain at 276-694-3410 or email for any questions at [christie.fain@caringheartsclinic.org](mailto:christie.fain@caringheartsclinic.org).**