4th Annual Wickenburg Community Hospital Golf Classic
April 30, 2010

Format: 4-Player Scramble
Registration: 8:30 am 9:15 am
Shotgun Start: 9:30 am
Awards Reception, Lunch & Raffle Drawing: 1:30 pm, Club

GIFTS FOR EVERYONE !!

Complete this Registration Form and return with payment by April 26, 2010 to:

Wickenburg Community Hospital Foundation
520 Rose Lane
Wickenburg, AZ 85390
Ph: (928) 668-1812

_____**Single Player**	**$ 150**	**(*includes green fees, cart, reception, prizes)***
_____**Tee Box Sponsor**	**$ 200**	
_____**Major Sponsor**	**$ 750**	**(*Name on advertising, everything above and a twosome)***
_____**Corporate Sponsor**	**$ 1,000**	**(*Name on advertising, displayed on course everything above and a foursome)***

_____ **I (we) cannot participate but please accept this donation to benefit the Wickenburg Community Hospital**

Total Amount Enclosed_____
Name/Organization_____
Mailing Address_____
Phone_____ Contact Person _____

Players:
1._____HCP/Avg. _____Shirt Size_____
2._____HCP/Avg. _____Shirt Size_____
3._____HCP/Avg. _____Shirt Size_____
4._____HCP/Avg. _____Shirt Size_____

***Proceeds from the Wickenburg Hospital Golf Classic will benefit the programs and services at the Wickenburg Community Hospital.**