

2009 CAHED GOLF REGISTRATION

Participants Name / Company-Hospital / E-mail Address

Cart 1 _____

Cart 1 _____

Cart 2 _____

Cart 2 _____

PAYMENT: \$120.00 PER PERSON

HOLE SPONSOR SIGN: \$100.00 YES/NO _____

Participant # for Lunch _____

Gift Donations – please list

SEND CHECK PAYMENT TO:

CAHED.GOLF TOURNAMENT
4919 HARVEST ROAD
COLORADO SPRINGS, COLORADO 80917
(scott@medicalairsystems.com) (303) 279.2491

CONTACT DONNA HOWARD AT (719) 277.7901 FOR CREDIT CARD PAYMENT

GUARANTEED SPOT - ONLY WITH PAYMENT - WHEN RECEIVED – FIRST COME, FIRST SERVE