

# DAVID FANNING MEMORIAL GOLF TOURNAMENT

Saturday, May 15, 2010 - The Golf Club at Hawks Prairie Lacey, WA

## GOLFER REGISTRATION FORM

### Foursome One

#### Golfer One

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Day Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### Golfer Two

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Day Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### Golfer Three

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Day Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### Golfer Four

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Day Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Foursome Two

#### Golfer One

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Day Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### Golfer Two

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Day Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### Golfer Three

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Day Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### Golfer Four

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Day Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

## PAYMENT

**All registrations must be received by Wednesday, May 12, 2010**

Please make checks payable to the Cystic Fibrosis Foundation. If you would prefer to play by credit card please contact the CFF office at (800) 647-7774 or online at: <http://washington.cff.org/davidfanninggolf>

Event Sponsorship = \_\_\_\_\_  
 Prior to April 30 – Number of Entries: \_\_\_\_\_ x \$95 = \_\_\_\_\_  
 After to April 30 – Number of Entries: \_\_\_\_\_ x \$105 = \_\_\_\_\_  
 Guest for Barbecue: \_\_\_\_\_ x \$20 = \_\_\_\_\_  
 Additional Donation = \_\_\_\_\_  
**TOTAL = \_\_\_\_\_**