

Please check the box indicating the course(s) and format in which you wish to participate.

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Grossingers Country Club<br>Wednesday, August 13 <sup>th</sup> | <input type="checkbox"/> Osiris Country Club<br>Monday, August 18 <sup>th</sup> | <input type="checkbox"/> Both Courses |
| <input type="checkbox"/> Best Ball  | <input type="checkbox"/> Best Ball  | <input type="checkbox"/> Best Ball    |
| <input type="checkbox"/> Scramble   | <input type="checkbox"/> Scramble   | <input type="checkbox"/> Scramble     |
| Cost: \$175   | Cost: \$175   | Cost: \$325                           |
| <input type="checkbox"/> Dinner Only \$60 at each course                                | <input type="checkbox"/> Raffle Tickets \$100 each                              |                                       |

**Golfer #1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Golfer #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Golfer #3**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Golfer #4**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_

Please make checks payable to HOSPICE of Orange & Sullivan Counties, Inc.

***We also accept Visa and MasterCard.***

Name of Card Holder \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Please return the completed form no later than August 1, 2008.**

Mail: HOSPICE of Orange & Sullivan Counties, Inc.

800 Stony Brook Court

Newburgh, NY 12550

Fax: (845) 561-2179 or Email: [gloria@hospiceoforange.com](mailto:gloria@hospiceoforange.com)