9th Annual

Children's Golf Classic

Children's Miracle Network Hospitals Helping Local Kids

Benefiting

MeritCare Children's Hospital

June 15,2009- 1:00 p.m. Shotgun Start
Moorhead Country Club

11:30 a.m. to 12:30 p.m. – Box Lunch, Registration and Tee Assignments

6:00 p.m. Dinner and Awards

REGISTRATION FORM

Name _____
First Last

18 Hole average score or handicap: _____ (mandatory)

Daytime Phone _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

My foursome includes myself, _____(____-handicap),

_____(_____), _____(_____)

Assign me to a foursome: ❒ **YES**

❒ **My $100 fee is enclosed.** (The other 3 people will send in their own registration form.)

❒ **Charge my credit card for $100.**

Type: ❑ Visa ❑ Mastercard ❑ Discover ❑ American Express

_____/_____/_____/_____ **Expiration date** ____/_____
Month/Year

Send to MeritCare Foundation, PO Box MC Fargo, ND 58122-0302
Or Fax to (701) 234-7051

❒ **I cannot golf that day, but would like to make a donation** since it benefits the MeritCare Children's Hospital. Enclosed is my donation for $_____.

This form may be copied to register other golfers.
For more information call 234-6935 or e-mail Kadie.Kippen@meritcare.com