

9th Annual

Children's Golf Classic



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

CORPORATE PARTNER REGISTRATION FORM

**Your Corporate Partnership includes:
8 player spots (2 foursomes)
Green Fees for 18 holes, Golf Cart, Box Lunch,
Awards Dinner and Prizes**

**SEND COMPLETED REGISTRATION FORM BY June 5th
TO:**

**MeritCare Foundation
P.O. Box MC
Fargo, ND 58122-0302,
Fax to (701) 234-7051 or
e-mail information to kadie.kippen@meritcare.com**

For more information call 701-234-6935

Name of Corporate Partner

1. Name _____

First

Last

18 Hole average score or handicap: _____

Daytime Phone _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

2. Name _____

First

Last

18 Hole average score or handicap: _____

Daytime Phone _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

3. Name _____

First

Last

18 Hole average score or handicap: _____

Daytime Phone _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

4. Name _____

First

Last

18 Hole average score or handicap: _____

Daytime Phone _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

