



  
**NORTHSIDE HOSPITAL  
 CHEROKEE**  


---

**AUXILIARY**



# 4<sup>th</sup> ANNUAL GOLF TOURNAMENT

## Monday June 19<sup>th</sup>, 2017

### Fairways of Canton

400 Laurel Canyon Parkway  
 Canton, GA 30114  
 (770) 720-1808

Sign In: 8:00am  
 Shotgun Start: 9:00am  
 Format: Scramble  
Rain or Shine

REGISTRATION CLOSES June 14<sup>th</sup>, 2017

### Register by Mail, Phone or E-mail

E-mail: Tom McKay at [tmckay01@gmail.com](mailto:tmckay01@gmail.com)

Phone: To register by phone with credit card, please call Tom McKay at (919) 669-1771

Mail: Send Completed Registration Form with check made out to NHC Auxiliary to:  
 Northside Hospital-Cherokee Auxiliary  
 Attn: Volunteer Services  
 201 Hospital Rd., Canton, GA 30144

### REGISTRATION FORM

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please list team players. Teams or individuals of less than 4 players will be consolidated into team foursomes.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

<b>Registration Fees include:</b> * 18 Holes * Golf Cart * Range Balls * Lunch * Closest to Pin & Longest Drive * \$25,000 Hole In One * Prizes * Awards Ceremony	<b>Fees</b>	
	Registrant (golfer):	\$100 per player
	Mulligans:	\$10.00 each. Limit 2 per player
	Throws:	\$10.00 each. Limit 2 per player
	Hole Sponsorship:	\$250.00 per hole
	<b>Please complete the section below:</b>	
	Registrant Fee(s): _____ x \$100 =	<b>Total</b>
Number of Mulligans: _____ x \$10 =		
Number of Throws: _____ x \$10 =		
Hole Sponsorships: _____ x \$250 =		
<b>Grand Total =</b>		
Proceeds Benefit: Northside Hospital-Cherokee Auxiliary NSC Auxiliary 501c3 organization		