

GOLF REGISTRATION FORM



**Mental Health Services for
Clark and Madison Counties, Inc.**

16th Annual Madison Avenue Pharmacy's Max Graves Mental Health Open

Wednesday, September 24, 2008

Please register by September 1, 2008.

Full entry fee to be paid by September 10, 2008.



<u>Tournament Play/Sponsorship</u>	<u>Pricing</u>
<input type="checkbox"/> Tournament Sponsor Hole Sign with Name Placed on Golf Course	\$ 200.00
<input type="checkbox"/> Team Sponsor Golf Fees for Four Players	\$ 500.00
<input type="checkbox"/> Prestigious Sponsor Golf Fees for Four Players plus Hole Sign	\$ 700.00
<input type="checkbox"/> Corporate Sponsor Catered Corporate Tent, Golf Fees for Four Players, plus Much More!	\$1,500.00

For registration purposes, please provide the following information:

Name: _____

Address: _____

City/State: _____

Zipcode: _____

Phone: _____

Email: _____

Please fax or mail this form to:
Jeff Clouse, 112 Lohnes, Springfield, OH 45504
Phone: 937-324-8488 • Fax: 937-324-9221 • email: jsclouse@erinet.com