



REGISTRATION FORM

TEAM CAPTAIN _____
Address _____
Phone _____ Email _____
I will be _____ attending the dinner. I will not be _____ able to attend dinner.

GOLFER #2 _____
Address _____
Phone _____ Email _____
I will be _____ attending the dinner. I will not be _____ able to attend dinner.

GOLFER #3 _____
Address _____
Phone _____ Email _____
I will be _____ attending the dinner. I will not be _____ able to attend dinner.

GOLFER #4 _____
Address _____
Phone _____ Email _____
I will be _____ attending the dinner. I will not be _____ able to attend dinner.

\$150.00 per/player (Payment must accompany Registration)

Please register **before** June 15, 2011, by sending a check payable to **Healing Haiti**. Mail to:

Healing Haiti
Attention: Myron Berg, Tournament Director
6631 N. Shore Trail N.
Forest Lake, MN 55025

Questions? Call: Myron Berg 612-720-1114 mgberg2341@gmail.com
Gary Bekken 763-772-8619 gbekken@comcast.net