



25th Annual Golf Tournament

Thursday, October 4, 2018, 8:30 am Shotgun Start

Tour 18 ♥ 8718 Amen Corner ♥ Flower Mound, TX 75022



\$85 Registration Fee* **\$75 for First Responders*** ... includes light breakfast, lunch, green fees, cart, range balls, golf goody bag which will include a hat, towel, balls, tees and more plus a certificate for 18 holes of golf free at Tour 18 within 12 months.

**This rate is for registrations paid in advance. \$10 more/player if paid at the door*

Mulligan \$5 ... Limit one per player

Awards ... Trophies for 1st, 2nd & 3rd flights, longest & shortest drives, closest to the pin, closest to the water during play and highest total number of strokes

Raffle ... Held during lunch. Tickets \$1 each / \$10 for 12 tickets

Registration Deadline 9/29/2018 ... Please use the form on reverse side

25th Annual CareFlite Golf Tournament Registration
Thursday October 4, 2018, 8:30am ♥ Four Person Scramble
Tour 18 ♥ 8718 Amen Corner ♥ Flower Mound, Texas 75022
Registration must be received at CareFlite on or before 9/29/18

Name #1: _____ **Address:** _____

City: _____ **Zip Code:** _____ **Phone:** (____) _____

Email: _____ **Fee** \$85 **or** \$75 **First Responder**

Co./Agency: _____ **With \$5 Mulligan** **Amount Enclosed \$** _____

Name #2: _____ **Address:** _____

City: _____ **Zip Code:** _____ **Phone:** (____) _____

Email: _____ **Fee** \$85 **or** \$75 **First Responder**

Co./Agency: _____ **With \$5 Mulligan** **Amount Enclosed \$** _____

Name #3: _____ **Address:** _____

City: _____ **Zip Code:** _____ **Phone:** (____) _____

Email: _____ **Fee** \$85 **or** \$75 **First Responder**

Co./Agency: _____ **With \$5 Mulligan** **Amount Enclosed \$** _____

Name #4: _____ **Address:** _____

City: _____ **Zip Code:** _____ **Phone:** (____) _____

Email: _____ **Fee** \$85 **or** \$75 **First Responder**

Co./Agency: _____ **With \$5 Mulligan** **Amount Enclosed \$** _____

Please complete this form, enclose payment and mail to:

CareFlite Golf Tournament, 3110 S. Great SW Pkwy, Grand Prairie, Texas 75052

If paying by credit card, please fax this form to (972) 602-7182

Visa **Master Card** **Discovery** **Am. Express** **Credit Card #** _____

Expires _____ / _____ **Security Code** _____

Name on Card: _____ **Address:** _____

Phone (____) _____ **Email** _____

For further information: please contact Laura Thompson (972) 339-4248 or
lthompson@careflite.org