

2021

WHITFIELD Healthcare Foundation INVITATIONAL

Proceeds designated for
Hamilton Cardiovascular Institute
at Hamilton Medical Center



29th Annual Golf Invitational
Monday, October 18, 2021
The Farm, Rocky Face, Georgia



THE FARM



Golf Genius
TOURNAMENT MANAGEMENT

REGISTRATION DEADLINE
October 9, 2021

REGISTRATION FORM

Players register team for live scoring at golfgenius.com, GGID WHF2021.

To register team members and pay, go to HamiltonHealth.com/golfinvitational or return form below to the Foundation.

Team Name _____

Tee time preference: Morning Afternoon *(Preferences are not guaranteed)*

- Foursome \$1,500
 - Individual Player \$400 x _____
 - Mulligan \$10 (one/player) x _____
 - Red Tee \$10 (one/player) x _____
 - Designated Drive \$20 (group) x _____
- Provided by guest driver on designated hole

Please select payment method:

- Check enclosed Invoice *(Payment must be received by Oct. 18)*
- Please charge the following credit card:
 - Visa MC AMEX Discover

Credit Card # _____

Expiration Date _____

Signature _____

Total Amount Due: \$ _____

** Please provide complete information for all players including mailing address and email address.*

Player 1 (Primary Contact)	* Name _____ * Address _____ _____ City _____ Daytime Phone * Cell Phone _____ * Email Address _____ Handicap _____	Player 3	* Name _____ * Address _____ _____ City _____ Daytime Phone * Cell Phone _____ * Email Address _____ Handicap _____
Player 2	* Name _____ * Address _____ _____ City _____ Daytime Phone * Cell Phone _____ * Email Address _____ Handicap _____	Player 4	* Name _____ * Address _____ _____ City _____ Daytime Phone * Cell Phone _____ * Email Address _____ Handicap _____

Please complete this form & return to: Whitfield Healthcare Foundation,
P. O. Box 2584, Dalton, GA 30722-2584, or email to foundation@hhcs.org.