

www.applebrookgolfclub.com

300 B Lawrence Drive • West Chester, PA 19380
Phone (610) 836-5990 Fax (610) 836-5998
Website www.cvim.org

Eleventh Annual CVIM Golf Classic Registration Form

Honorary Chair: Jack Lynch, Main Line Health President and CEO
CoChairs: Elizabeth Moran and Stacy Sempier

- YES, I will participate as a 2012 Corporate Sponsor for \$2,900.**
[If AFTER March 31, 2011, adjust price to \$3,500]
- Sorry, can't play this year – BUT PLEASE ACCEPT THIS DONATION.
- Sorry, can't play this year – but please keep me on the mailing list for next year.
- Sorry, can't play this year – please remove me from the mailing list.

Contact Name/Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

[required for updates]

Make Checks Payable To: CVIM

Please charge my: _____ Mastercard _____ Visa _____ AmEx

Card # _____ Exp. Date _____

Signature [*required*]: _____

Please list Golfer: [Please provide names/handicaps as soon as you recruit your foursome]

Golfer Name

Handicap

1. _____

2. _____

3. _____

4. _____

Golf Cart(s) Requested: _____ **Note:** Applebrook is a walking course, so a limited number of golf carts are available for medical purposes only. Pre-registration will ensure a cart will be prepared for you at the tournament.

COMPLETE and RETURN TO:
Maureen Tomoschuk (Address/Fax Number above)