

PLEASE REGISTER BY JUNE 22 USING THE FORM BELOW OR VISIT [WWW.HOSP.ORG](http://WWW.HOSP.ORG).

SPONSORSHIP LEVEL: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## PAYMENT

Check Enclosed OR  Credit Card:  Visa  MC  Amex **TOTAL: \$** \_\_\_\_\_

Acct #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GOLFERS**  SPONSORSHIP FOURSOME REGISTRATION  FOURSOME REGISTRATION

**Team Name:** \_\_\_\_\_

Golfer #1 & Captain Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Golfer #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Golfer #3 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Golfer #4 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Send registration and payment by **June 22, 2018** to: Hospitality Homes, PO Box 15265, Boston, MA 02215 • Email: [sheckethorn@hosp.org](mailto:sheckethorn@hosp.org)