



**Physicians  
Memorial**  
GOLF CLASSIC



[www.pmgclassic.org](http://www.pmgclassic.org)

# Physicians' Memorial Golf Classic

Sponsored By:



emergency medicine professionals, p.c

## Registration Form

Heathrow Country Club  
December 12, 2011

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Payment Type:  Check  Cash  MC  Visa  Discovery  American Express  
 Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Auth. Sig: \_\_\_\_\_

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 Email: \_\_\_\_\_  
 Payment Type:  Check  Cash  MC  Visa  Discovery  American Express  
 Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Auth. Sig: \_\_\_\_\_

**Entry Fee:** \$200 Per Player through September 30. Thereafter \$225 Per Player **Lunch Guest:** \$30ea.

I agree that there are certain risks inherent in the game of golf and accept personal and sole responsibility for all such risks, including, but not limited to any health-related risks and do hereby release All Sponsors, the Hosting Golf Club, DeSilva Communications, Inc., FHFM and its officers, directors, members of its staff and employees from any and all liability for any event or consequence whatsoever in any way arising out of relating to my entry or participation in the PMG Classic.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Make Checks Payable to: **Florida Hospital Fish Memorial**

**Mail Entry Form to:** Florida Hospital Fish Memorial Foundation, 1055 Saxon Blvd.,

Orange City, FL 32763 Phone: (386) 917-5525 Fax: (386) 917-5490 [www.fhfishmemorial.org](http://www.fhfishmemorial.org)