



Physicians' Memorial GOLF CLASSIC



www.pmgclassic.org

Florida Hospital Fish Memorial Foundation

Presented By:



emergency medicine professionals, p.a.

Registration Form DeBary Golf & Country Club - Friday April 28, 2017 Player Sign-in 7:30am - Shotgun Start 9:00am

Player Name: _____ Shirt Size: _____
 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: _____
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Entry Fee: \$250 per person, \$1,000 per Team **Deadline:** April 14, 2017 **Lunch Guest:** \$40 per person

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, DCI Golf, DeSilva Communications, Inc., FHFM Foundation 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 Foundation. Mail or Fax Entry Form to:**
Florida Hospital Fish Memorial Foundation, 1055 Saxon Blvd., Orange City, FL 32763 Att: PMG Classic
Phone: (386) 917-7142 Fax: (386) 917-5425