



Please choose who you are registering for:

Foursome - \$700

Foursome Name: \_\_\_\_\_

Individual Golfer - \$175

Golfers Name: \_\_\_\_\_

PAYMENT METHOD:  Check\*  Credit Card

*For Credit Card:*

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Scan/Email this form to Brooklyn Massey at [bemassey@alz.org](mailto:bemassey@alz.org)**

*\*Checks should be made out to Alzheimer's Association.*

***Thank you for your support!***