



2021 NH Medical Society Golf Tournament

Individual or Foursome Registration

Monday, June 28, 2021

Concord Country Club

Golf reservation includes: green fees, caddy fees, two golf carts per foursome, practice range, putting green, lunch, refreshments on the course, cocktail reception, awards presentation, tournament gifts and gratuities.

Please make checks payable to: **NH Medical Society**

Name (as it should appear on all printed materials): _____

Company _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

I am unable to attend, but please accept my donation of \$ _____

Payment Method: \$225 per each individual, or \$800 per foursome

Check enclosed, please return to:

NH Medical Society Golf Tourney

7 North State Street

Concord NH 03301

Attn: Joy Potter

Email: joy.potter@nhms.org

Fax: 603-226-2432

Phone: 603-224-1909

We also accept: Visa, MC, Discover, Amex

Total Authorized: \$ _____

Card Number: _____ Exp Date: _____

Name on Card (please print): _____

Signature: _____

Please list your individual for foursome information on the reverse.



Individual or Team Name

Golf Participants:

Player One

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Player Two

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Player Three

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Player Four

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____