

JAMES R. GALANTE CHARITY GOLF TOURNAMENT
REGISTRATION FORM

****GOLF:** \$250 Individual / \$1,000 Foursome

(If you know other golfers in your foursome please list)

1. _____ 2. _____

3. _____ 4. _____

Contact Name: _____ Email: _____

****HOLE SPONSORS**

\$500 Holes 1 thru 18 (2"x 3" Four Color Sign at Tee area)

SPONSOR NAME (as it should appear on the sign): _____

Contact Name: _____ Email: _____

\$1,000 Hole 19 (4 "x 6" Four Color Sign)

SPONSOR NAME (as it should appear on the sign): _____

Contact Name: _____ Email: _____

****DINNER ONLY**

Name: _____ Email: _____ # of Tickets: _____

****RAFFLES:** \$50 each (provides participation in all raffles) Bruins, Celtics, Red Sox Tickets & More!

Name: _____ Email: _____ # of Tickets: _____

Please mail registration form and checks (payable to MHS19, Inc.) to:

MHS19, Inc
4 Beringer Way
Marblehead, MA 01945

Thank you for your generous support!

MHS19 is a 501(c)(3) nonprofit organization. All donations are tax deductible.