



TOURNAMENT ENTRY FORM

Name: _____

Mailing: _____

Address: _____

Telephone: _____

Email: _____

Gold - \$1,000
includes play for 4

Silver - \$500
includes play for 2

Bronze - \$150
hole and cart signs

If sponsoring, name as it should appear on promotional materials:

Team of Four - \$500

Individual Play - \$125

Names of players:

I am unable to attend, but am pleased to contribute \$ _____

Check enclosed made payable to BVHC for \$ _____

Please charge my card \$ _____

Card #: _____

Exp: _____ CVV: _____ Zip: _____

Signature: _____

Return completed entry to: Kate Bryan | BVHC | PO Box 61 | Arlington, VT | 05250



5th Golf Tournament

to benefit Battenkill Valley Health Center

September 20, 2021

12:30 PM Shotgun Start
11:30 AM Registration & Putt Around

THE
GOLF CLUB
AT EQUINOX

3567 Main Street
Manchester Ctr, VT

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