

# GOLF AND ACTIVITY REGISTRATION FORM

**FEBRUARY 11, 2010**

**REGISTRATION DUE BY  
FEBRUARY 5, 2010**

18 Hole Golf Tournament\* \$130

9 Hole Golf Tournament\* \$85

Bridge Tournament\* \$65

Table Games\* \$65

Luncheon only \$50

*\*Event includes Luncheon.*

**FEBRUARY 6, 2010**

**REGISTRATION DUE BY  
JANUARY 26, 2010**

Round Robin Tennis \$30

Croquet Tournament \$30

5k Cancer Walk/Run \$15

I am not able to participate. Please accept a donation in honor/memory of:

\$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED:**

\$ \_\_\_\_\_

**Make check payable to:** JMC Foundation – WCAD

**Credit card information:** VISA\_\_\_\_ MC\_\_\_\_ AMEX\_\_\_\_ Exp. Date\_\_\_\_\_

Account number: \_\_\_\_\_

Name on card: \_\_\_\_\_

**Contact information:** Name/Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

I have registered online at [www.jmcfoundation.org](http://www.jmcfoundation.org)

**Mail this form & check to:** JMC Foundation – WCAD

1210 S. Old Dixie Highway, Jupiter, FL 33458

**With questions call:** Committee Chair, Elaine Solomon (561) 694-6151  
or Catherine Tolton – Jupter Medical Center Foundation (561) 745-5728

*For participant information – please complete the back of this form.*

**REGISTRATION FOR GOLF AND ALL OTHER ACTIVITIES.  
PLEASE FILL OUT THE FOLLOWING INFORMATION.**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Handicap/Index\* \_\_\_\_\_  
Club \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Handicap/Index\* \_\_\_\_\_  
Club \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Handicap/Index\* \_\_\_\_\_  
Club \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Handicap/Index\* \_\_\_\_\_  
Club \_\_\_\_\_

*Committee will pair singles and twosomes. \*If applicable.*