



OLD COLONY HOSPICE GOLF CLASSIC VII
PLAYER RESERVATION FORM
Monday, July 27, 2009 ~ Thorny Lea Golf Club, Brockton

Please complete all requested information. Individual players will be placed in foursomes.

Cost: \$275 per player – includes golf fees, cart, Golf Shirt, BBQ Lunch, Dinner, Goodie Bag and other gifts & amenities;

Player First/Last Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 E-mail: _____
 Shirt Size: Male: S M L XL XXL
 Female: XS S M L XL
 Signature: _____

Player First/Last Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 E-mail: _____
 Shirt Size: Male: S M L XL XXL
 Female: XS S M L XL
 Signature: _____

Player First/Last Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 E-mail: _____
 Shirt Size: Male: S M L XL XXL
 Female: XS S M L XL
 Signature: _____

Player First/Last Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 E-mail: _____
 Shirt Size: Male: S M L XL XXL
 Female: XS S M L XL
 Signature: _____

Payment Information:

Please send completed form with a check payable to “**Old Colony Hospice**” in order to secure your reservation for the tournament. If you prefer to pay by credit card – please complete the info below or you can call us at 781-341-4147 x 204.

Card Type: (circle one) Mastercard Visa Discover

Card Number: _____ Expiration Date: _____

Name on Card: _____