

# PLAYER/TEAM REGISTRATION

**We encourage all players/teams to register online at HKsGolf.com**

If it is necessary or desired to register by mail, please use this form and mail the completed form to the address below

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Player #1 \_\_\_\_\_ Email: \_\_\_\_\_

Player #2 \_\_\_\_\_ Email: \_\_\_\_\_

Player #3 \_\_\_\_\_ Email: \_\_\_\_\_

Player #4 \_\_\_\_\_ Email: \_\_\_\_\_

Check Enclosed: \$ \_\_\_\_\_

VISA/MasterCard: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Entry Fees: Golfer \$325\* \_\_\_\_\_

\*Includes two passes to Saturday evening  
Rooftop Party and Silent/Live Auction

Make check payable to: HK's Hospital Benefit Golf Tournament

Mail to: Lake Regional Fund Development ■ 54 Hospital Drive, Osage Beach, MO 65065

■ Phone: 573-348-8265 ■ Fax: 573-348-8088

**Registration Requested By June 16, 2021**