



A plan for life.



PLAYER REGISTRATION

15TH ANNUAL

**CDPHP AND THE HEALTHALLIANCE FOUNDATION'S 2015 GOLF CLASSIC
AUGUST 5, 2015**



- Place:** Apple Greens Golf Course, Highland, NY
- Time:** **8:00 Registration** **9:00 AM - Shotgun Start**
- Format:** 18-hole, 4-person scramble
- Food:** Continental breakfast prior to tee off; lunch on course, and BBQ buffet.
- Tournament Fee:** \$145 per Player, \$580 per Foursome

***Proceeds to benefit HealthAlliance Hospital in our ongoing effort to provide
"exceptional healthcare close to home."***

For sponsorship information, please call the HealthAlliance Foundation at 845-334-2760

(Please Print Legibly)

TEAM CAPTAIN: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: DAYTIME: _____ **EVENING:** _____

EMAIL ADDRESS: _____

TEAM MEMBERS

Name: _____ **Address:** _____

Name: _____ **Address:** _____

Name: _____ **Address:** _____

ENTRY DEADLINE: July 31, 2015

*Entry fee **MUST** be included with registration form unless other arrangements have been made.*

- Enclosed is my check for \$** _____, made payable to the HealthAlliance Foundation
- Please charge \$** _____ **to my:** ___American Express ___Discover ___Mastercard ___Visa

Card Number: _____ Exp. _____ CVV Code _____

Signature: _____

Please mail form and payment to: HealthAlliance Foundation, 396 Broadway, Kingston, NY 12401
or register online by going to www.FoundationUpdate.org and clicking on "Special Events."