

PLAYER REGISTRATION

**THE REIS GROUP/PMA COMPANIES AND THE HEALTHALLIANCE FOUNDATION
PRESENT THE**

16TH ANNUAL GOLF CLASSIC AUGUST 3, 2016



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; 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 29, 2016

*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.”