



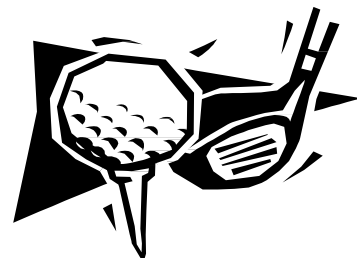
28th Fahrenkamp-Kelly Legislative Charity Putting Tournament

March 14, 2020

Team/Sponsor Sign-up

Team Members: 1. _____
2. _____
3. _____

Team Name: _____



Should be a three person, gender balanced team. Suggested sponsor donation of \$200.

Sponsor's Name: _____

Contact #: _____

PAYMENT INFORMATION

VISIT www.brhfoundation.org TO PAY & REGISTER ONLINE

CHECKS

Please make checks payable to Bartlett Regional Hospital Foundation. If you need a receipt/invoice, please contact the Foundation on 463-5704 or maria@brhfoundation.org

CREDIT CARDS

Card Type: _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Zip Code associated with card: _____

Amount: \$ _____

I hereby authorize Bartlett Foundation to charge my card in the above amount indicated.

Cardholder Signature: _____ Date: _____

Please return sign-up sheets to Edric Carrillo in Sen. Kiehl's Office, Capitol Rm. 419.

TEAM #: _____

Putting Time: _____

Proceeds from the tournament support Bartlett Regional Hospital Foundation and Armed Services YMCA programs and activities.