



ARH.org/golf

# Charity Golf Classics

## GOLFER REGISTRATION FORM

For tax purposes all information on each golfer must be included on registration form. Teams are limited to four (4) players. If registering more than one team, please print/submit an additional one of these forms.

**Please mail form and make check payable to: ARH Foundation for Healthier Communities Att: Margie Spaulding, PO Box 8086, Lexington, KY 40505. For more info, call 866.940.4572 or email [arhfoundation@arh.org](mailto:arhfoundation@arh.org)**

I would like to pay by  
credit/debit card:

- ☐ Visa    ☐ Mastercard  
☐ AMEX    ☐ Discover

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ CVV \_\_\_\_\_

### WV VIP EVENT - OCTOBER 5

**Begin at Noon: Golf SOLD OUT**  
**Sporting Clays spots still available**  
**(\$300 Ind. Shooter/16 rounds/32 spots)**

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

☐ Sporting Clays

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

☐ Sporting Clays

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

☐ Sporting Clays

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

☐ Sporting Clays

### WV EVENT - OCTOBER 6

Choose Tee Time: ☐ 8:00am ☐ 1:00pm  
**Team (4 players | \$2,500)**

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Shirt Size \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Shirt Size \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Shirt Size \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Shirt Size \_\_\_\_\_