



2017 North Georgia HealthCare Center Golf Tournament

Tuesday, September 19th at WindStone Golf Course

11:00 AM Registration

11:30 AM- 12:30 PM LUNCH

1:00 PM Shotgun Start

Dinner, Awards, and Raffle to Follow

Company Name: _____

Individual Name or Company Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Please Indicate the name(s) of your participants and their email addresses.

1. _____

2. _____

3. _____

4. _____

Please fill out registration form and email, fax or mail to:

Make Checks Payable to : **North Georgia HealthCare Center**

P.O Box 729

Ringgold, GA 30736

P: 706-935-6442 F: 706-935-6445

dhunter@nghcc.com

OFFICE USE ONLY:

RECEIVED PAYMENT - CK___ CC___ CASH___ TOTAL \$_____ LOGO RECEIVED - YES___ NO _____