

DC Lawyers' Golf Classic
Tuesday, June 3, 2014
Worthington Manor Golf Club, Frederick, MD
Individual Registration Form



Name: _____ Company/Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Work): _____ Telephone (Cell): _____

Fax: _____ Email: _____

Individual @ \$300 (\$200 tax deductible)

Foursome @ \$1,000 (\$600 tax deductible)

ADDITIONAL PLAYERS:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAYMENT INFORMATION

Enclosed is a check payable to Children's Hospital Foundation for \$ _____

Please charge my (circle one) VISA/MC/AMEX for \$ _____

Name: _____

Card Number: _____

Exp. Date: _____

I cannot attend but wish to make a tax-deductible contribution of \$ _____

Signature _____

For inquiries about these opportunities, please contact:
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Children's Hospital Foundation
801 Roeder Road, Suite #300
Silver Spring, MD 20910
301-565-8529 phone
301-565-4959 fax
mhouston@childrensnational.org