

2017 SENIOR PHYSICIANS GOLF TOURNAMENT

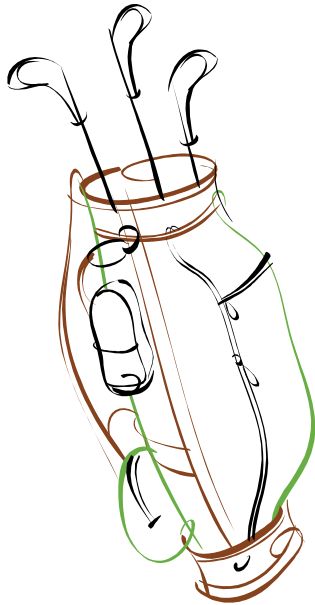
FRIDAY, May 19

Shotgun start 8:30 A.M.

Lunch at 1:00 P.M.

Manito Golf and Country Club

Everyone is welcome to join the fun!



My handicap is _____

Callaway Division

Please place me in a foursome

or

My foursome includes the following golfers:

1. _____ Myself

2. _____

3. _____

4. _____

Registration Deadline—Friday, May 12

18 holes (No charge for Manito members)	\$65	
Cart (Seats 2—\$17.50 per person)	\$17.50	
Mandatory Administrative Fee	\$ 6	6
Foundation Donation (optional)	\$10	
Lunch (Chicken Caesar)	\$24	
Total		

Name of Registrant _____

Please make checks payable to SCMS

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____

Billing Address _____ City _____ Zip _____

Phone Number _____

Cancellations accepted until Friday, May 12. No refunds after that date!

Register online at www.spcms.org!

Or, mail, fax or email your form to:

Spokane County Medical Society

901 E. 2nd Avenue, Suite 301

Spokane, WA 99202-2257

Phone: (509) 325-5010 Fax: (509) 325-5409

Email: shelly@spcms.org

