



**EPILEPSY
FOUNDATION®**
NORTHEASTERN NEW YORK
Not another moment lost to seizures™

6th Annual Golf Tournament Registration Form
Monday, October 5, 2009 ~ Wolferts Roost Country Club

Event Sponsor: **Turf Hotels**

NAME _____ TITLE _____

BUSINESS NAME _____

ADDRESS _____

PHONE _____ FAX _____ E-MAIL _____

- I would like to register _____ foursome(s) to play in the tournament. (\$900/foursome)
- I would like to register _____ golfers to play in the tournament. (\$225/golfer)
- Dinner only. (\$60 per person)

Please list name, address, and phone number of golfers below. For additional teams, please photocopy this form and complete.

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Golf Shirt Size</i>

Please mail or fax form by **Sept. 14** to: Epilepsy Foundation of Northeastern New York
3 Washington Square, Albany, NY 12205
Fax: (518) 452-1282

- I have enclosed a check for \$_____ payable to "Epilepsy Foundation of NENY."
- Send me an invoice to receive payment.
- I am unable to attend. Please accept the enclosed check as my donation. *(Thank you!)*

Sponsorship opportunities are available for this event.
For more information, contact Susan Kaczynski at (518) 456-7501.