



**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>

Please mail or fax form 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.**