

**Registration form** (please print clearly)

Company Name \_\_\_\_\_

Player 1 Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Player 2 Name \_\_\_\_\_

Player 3 Name \_\_\_\_\_

Player 4 Name \_\_\_\_\_



John Wilson Golf Classic  
**Swing for Smiles**

**Registration form**

**Monday, June 18, 2018**  
Wheatley Hills Golf Club  
East Williston, NY



# Registration form (please print clearly)



## I would like to register:

- \_\_\_\_\_ golfers at \$425 each.
- \_\_\_\_\_ foursome(s) at \$1,600 (discounted).
- \_\_\_\_\_ attendee's for cocktails and dinner at \$150 each.
- \_\_\_\_\_ children ages 3 - 12 for putting contest and dinner at \$30.00 each.
  
- I am interested in the following sponsorship opportunity  
\_\_\_\_\_ at \$\_\_\_\_\_.
- I am unable to attend/participate.  
Please accept my tax-deductible contribution of \$\_\_\_\_\_.

Enclosed is my total payment of \$\_\_\_\_\_.

**To pay by check, please make payable to:**  
Hagedorn Cleft Palate and Craniofacial Center

### and mail to:

Linda C. Dunckley, RN  
Hagedorn Cleft Palate and Craniofacial Center  
225 Community Drive, South Entrance  
Great Neck, NY 11021

### To pay by credit card, please provide the following information:

Charge \$ \_\_\_\_\_ to my:

- VISA     Mastercard     AMEX     Discover

Cardholder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Contributions are tax-deductible to the extent allowed by law.  
If you have any questions, please contact: Linda C. Dunckley, RN  
at **(516) 466-2990** or **ldunckley@northwell.edu**.