



## Dr. Shrink, Inc./Love INC Benefit Golf Scramble Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are You Signing up with a Team?  Yes

No

If yes, please list the names & Phone Numbers of your teammates:

Team Member 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Team Member 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Team Member 3: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check one:

**Registering before August 5th, 2011:**

Non-Member (\$75 per person)

Member (\$60 per person)

**Registering after August 5th, 2011:**

Non-Member (\$85 per person)

Member (\$70 per person)

Would you like to include any additional donations to Love INC of Manistee?

If yes, please put down the amount you wish to give: \$ \_\_\_\_\_