



Charity Golf Tournament
Saturday, June 16th



HTC FL/GA CHARITY GOLF TOURNAMENT

Please fill out the form, print it, and mail it with contribution.

First Name: _____ Last Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Phone: _____ Fax: _____

Email Address: _____

Yes, I would like to participate in Charity Golf tournament on June 16th, 2007

Please reserve _____ spots at the cost of \$150.00 each.

I am enclosing a check for _____ dollar amount.

Mail to:

Healing the Children-Florida/Georgia,
PO Box 354235

Palm Coast, Fl. 32135