

**THE LENNY LIPORACE
CHARITY GOLF TOURNAMENT
TO BENEFIT THE
HOOSICK FALLS HEALTH CENTER FOUNDATION
JULY 30, 2010
HOOSICK FALLS COUNTRY CLUB**

	Handicap or 9/18 hole score
Foursome Name: _____	_____
Foursome Members: _____	_____
_____	_____
_____	_____
_____	_____
Contact Telephone: _____	
Address: _____	
City / State / Zip: _____	

Please fill out completely so we can Thank You appropriately.

Tee Time: Morning Afternoon (Circle One)

Buffet Dinner Will Attend Will Not Attend (Circle One)

Checks Payable To: Hoosick Falls Health Center Foundation \$300 / team OR \$75 / player

Credit Card Payment: _____ Exp _____

Return to: Hoosick Falls Health Center, Inc.

PO Box 100

Hoosick Falls, New York 12090

Attn: Jill Greene

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