



SECOND ANNUAL GOLF OUTING

THE TRANSVERSE MYELITIS ASSOCIATION

Chippin' in against Transverse Myelitis

REGISTRATION FORM

OR REGISTER ONLINE AT WWW.MYELITIS.ORG/REGISTER/GOLF-OUTING-REGISTRATION

PLEASE SPECIFY HOW MANY PEOPLE WILL BE ATTENDING THE GOLF OUTING BELOW:

GOLF OUTING AND DINNER - \$100 _____ PERSON/PEOPLE
DINNER ONLY - \$20 _____ PERSON/PEOPLE

TOTAL: \$100 X (_____) + \$20 X (_____) = \$ _____

GOLF ARRANGEMENT:

- ☐ WE/I ARE/AM PLAYING AS A TEAM
☐ WE/I ARE/AM REQUESTING TO BE MATCHED WITH OTHER GOLFERS

IF YOU'RE SIGNING UP SEPARATELY AS PART OF A TEAM, PLEASE SPECIFY THE TEAM NAME OR SHARE YOUR TEAM MEMBER'S NAMES:

ATTENDEE 1

NAME _____ ADDRESS _____
PHONE _____ EMAIL _____

PREFERRED COMMUNICATION METHOD:

- ☐ EMAIL ☐ POSTAL MAIL ☐ NONE

ATTENDEE 2

NAME _____
PHONE _____

ADDRESS _____
EMAIL _____

PREFERRED COMMUNICATION METHOD:

☐ EMAIL ☐ POSTAL MAIL ☐ NONE

ATTENDEE 3

NAME _____
PHONE _____

ADDRESS _____
EMAIL _____

PREFERRED COMMUNICATION METHOD:

☐ EMAIL ☐ POSTAL MAIL ☐ NONE

ATTENDEE 4

NAME _____
PHONE _____

ADDRESS _____
EMAIL _____

PREFERRED COMMUNICATION METHOD:

☐ EMAIL ☐ POSTAL MAIL ☐ NONE

ATTENDEE 5

NAME _____
PHONE _____

ADDRESS _____
EMAIL _____

PREFERRED COMMUNICATION METHOD:

☐ EMAIL ☐ POSTAL MAIL ☐ NONE

TO REGISTER MORE ATTENDEES, PLEASE FILL OUT A NEW REGISTRATION FORM

PLEASE MAIL YOUR CHECK TO:
THE TRANSVERSE MYELITIS ASSOCIATION
1787 SUTTER PARKWAY
POWELL, OH 43065-8806
A RECEIPT WILL BE SENT ONCE WE RECEIVE YOUR CHECK

ALL NET PROCEEDS FROM CHIPPIN' IN AGAINST TRANSVERSE MYELITIS WILL BENEFIT THE TRANSVERSE MYELITIS ASSOCIATION, A 501(C)(3) NON-PROFIT ORGANIZATION. A PORTION OF THE ENTRY FEE MAY BE TAX DEDUCTIBLE