

St. Joseph Health Services of Rhode Island

22nd Annual Golf Tournament

Monday - May 10, 2010



Individual Golfer - \$ 575

Name: _____ Direct Phone No: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Fax: _____

Email: (Required) _____

Name(s): (PLEASE PRINT OR TYPE) _____ Handicap *

_____	_____
_____	_____
_____	_____
_____	_____

* Required

Individual golfers will be assigned to a foursome and a course based on availability. Preference is given to corporate foursomes. Payment must accompany registration. For best results, please respond early.

_____ Please charge my (circle one) MasterCard VISA AMEX
_____ Exp: _____

Name on Credit Card (PLEASE PRINT): _____

_____ Check enclosed

Make checks payable to: **St. Joseph Health Services Foundation**

Mail to: Ms. Paula Iacono
Development Office / Marian Hall
200 High Service Avenue
North Providence, RI 02904

Forms may be faxed to Paula Iacono at 401.456.3728.

Email: ptterri@saintjosephri.com

Questions? Call 401.456.3072, or visit us online at www.fatimahospital.com