



MORRISTHOMPSON MEMORIAL Golf Classic

Fundraiser for the Morris Thompson Scholarship Fund

THUR. & FRI. JUNE 23 - 24, 2022 FAIRBANKS, AK

PLAYER INFORMATION

Please indicate if this is a: Multi-player registration Individual registration*

Please provide the requested information for each player being registered, and attach a copy of GHIN card or a verified lowest score for each player.

**Players may register as individuals, but we cannot guarantee they will be placed on a team.*

<p>_____ PLAYER 1 NAME</p> <p>_____ ADDRESS</p> <p>_____ CITY STATE ZIP</p> <p>_____ EMAIL</p> <p>_____ PHONE</p> <p><input type="checkbox"/> Check here if same as registration information.</p> <p>_____ HC COURSE</p> <p>Shirt size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL</p>	<p>_____ PLAYER 2 NAME</p> <p>_____ ADDRESS</p> <p>_____ CITY STATE ZIP</p> <p>_____ EMAIL</p> <p>_____ PHONE</p> <p><input type="checkbox"/> Check here if same as registration information.</p> <p>_____ HC COURSE</p> <p>Shirt size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL</p>
<p>_____ PLAYER 3 NAME</p> <p>_____ ADDRESS</p> <p>_____ CITY STATE ZIP</p> <p>_____ EMAIL</p> <p>_____ PHONE</p> <p><input type="checkbox"/> Check here if same as registration information.</p> <p>_____ HC COURSE</p> <p>Shirt size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL</p>	<p>_____ PLAYER 4 NAME</p> <p>_____ ADDRESS</p> <p>_____ CITY STATE ZIP</p> <p>_____ EMAIL</p> <p>_____ PHONE</p> <p><input type="checkbox"/> Check here if same as registration information.</p> <p>_____ HC COURSE</p> <p>Shirt size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL</p>

PAYMENT INFORMATION

Total sponsorship or player registration amount: \$_____.

I would like to make an additional donation in the amount of \$_____.

I would like to make an in-kind donation for use as a door prize. Please contact me.

Total Payment: \$_____

METHOD OF PAYMENT

Check Enclosed (*payable to Doyon Foundation*); Check # _____.

Bill Me VISA/MC

NAME ON CARD

CREDIT CARD #

EXP. DATE SECURITY CODE

SIGNATURE DATE