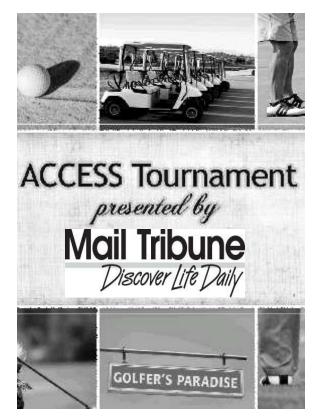
Please complete the form below and return via fax 541-618-4012 or mail to Golf c/o ACCESS, PO Box 4666, Medford, Or 97501

Please **Circle** your Start Preference IMPORTANT AM / PM

Organization/Team Captain or \*Individual Player:

Name:	
	(Captain/Main contact)
E-Mail Address:_	
Daytime Phone:_	Fax:
Handicap:_	Shirt Size
Name:	
Mailing Address:	
E-Mail Address:_	
Daytime Phone:_	Fax:
Handicap:_	Shirt Size
Name:	
Mailing Address:	
E-Mail Address:_	
Daytime Phone:_	Fax:
Handicap:_	Shirt Size
Name:	
Mailing Address:	
E-Mail Address:_	
Daytime Phone:_	Fax:
Handicap:_	Shirt Size
ACCESS	ce is limited respond ASAP: Make payment by check to rmation can be included below or phone 774-4312
with your inform	
	Payment: \$
	Circle one: Visa MasterCard Check
Card Number_	CSC#
Exp. Date:	3 digit code
Cardholder Sign	ature

\*Individual players will be placed on a team based on handicap.



Individual Fee: \$175 prior to June 1st \$250 After June 1, 2011 Team Fee: \$700 prior to June 1st \$1000 After June 1, 2011

Date:

## Monday, June 27, 2011

Location:

## **Rogue Valley Country Club**

- Four person scramble
- 8 AM & 1:30 PM Starts
- Double shotgun start
- Breakfast/lunch provided
- Fabulous hole-in-one prizes

For more information call (541) 774-4312 or log on to www.accesshelps.org.









