



DiDonato Paralysis Foundation Scramble Golf Tournament

GOLF ENTRY FORM

Golf Outing Committee

Santo DiDonato
Gina DiDonato
Priscilla Masciovecchio
Christine Chase Hillman
Cathie Guimond
Andrew Diliros

CONTACT:

Santo DiDonato
Tournament Administrator
207-222-2015

* Send Entry Forms & Payment to:

* Mailing Address

DiDonato Paralysis Foundation
40 Carriage Hill Rd
Gorham, Maine 04038

DATE: July 13, 2019
Check In: 7:30 AM
Tee-Off: 8:30 AM
PLACE: Sable Oaks Golf Club
505 Country Club Drive, South Portland, Maine 04106

ENTRY FEE: \$110.00 Per Person/\$440 Per Team
(Includes: green fees, cart, gifts, happy hour, silent and live auction and catered lunch)

Register: <https://www.didonatofoundation.org/golf-outing>

By Mail: DiDonato Paralysis Foundation
40 Carriage Hill Rd Gorham, Maine 04038
Check Payable to **DiDonato Paralysis Foundation**

Format: Tournament will be played as a Scramble with 4-person teams.
If you do not enter a team list, you will be placed with others.

Handicap: Please submit your Handicap or your Approx. Score for 18-holes
(To ensure teams are evenly matched.)

Cancelation Policy:

1. Tournament will be played Rain or Shine.
2. Entry Fee is Non-Refundable.

ENTRY FORM:

NAME: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

HANDICAP: _____

SCORE FOR 18-HOLES: _____

Team Members:

Player 2 Name/Handicap: _____

Player 3 Name/Handicap: _____

Player 4 Name/Handicap: _____