



2019 Summa Health Golf Outing

Sponsor Organization _____

Golf Format: Four Person Scramble One Best Balls (Please provide handicap)

Please complete the player information for each golfer in your foursome:

PLAYER 1 (Team Captain):

Name: _____ Handicap: _____ Club: _____

Address: _____
Street City State Zip

Phone: _____ email: _____

PLAYER 2:

Name: _____ Handicap: _____ Club: _____

Address: _____
Street City State Zip

Phone: _____ email: _____

PLAYER 3:

Name: _____ Handicap: _____ Club: _____

Address: _____
Street City State Zip

Phone: _____ email: _____

PLAYER 4:

Name: _____ Handicap: _____ Club: _____

Address: _____
Street City State Zip

Phone: _____ email: _____

**Please return form by June 14 to Nikki Hawk
Fax: 330.375.3012 Email: hawkn@summahealth.org**