

**8th Annual
Bill Donovan Memorial Golf Classic
REGISTRATION FORM**

REGISTER EARLY WE SOLD OUT LAST YEAR.

Shirt size — circle

Team Captain: _____ S M L XL other_____

Address: _____

Phone #: _____

E-Mail: _____

Player 1. _____ S M L XL other_____

E-Mail: _____

Player 2. _____ S M L XL other_____

E-Mail: _____

Player 3. _____ S M L XL other_____

E-Mail: _____

Tournament Sponsor Level — (include a business card with form)

Sponsor name as it should appear on signage:

Sponsor Amount: _____

Prize Donation: _____

Please return completed form by August 15, 2019 to:

BILL DONOVAN MEMORIAL GOLF CLASSIC
MAUREEN & JOE RABOIN
7 GOODHUE RD
WINDHAM, NH 03087

**Please make check payable to:
DANA FARBER CANCER INSTITUTE**