



LOWCOUNTRY FOUNDATION FOR WOUNDED MILITARY HEROES

2022 WOUNDED HEROES GOLF CLASSIC Monday, MAY 23, 2022 Golf Registration Form

Team is representing (Golf Club/Organization/Company): _____

Please supply one contact email address for entire team: _____

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|----|-----------------|------------------|
| 1. | Last Name _____ | First Name _____ |
| | Address _____ | Phone # _____ |
| 2. | Last Name _____ | First Name _____ |
| | Address _____ | Phone # _____ |
| 3. | Last Name _____ | First Name _____ |
| | Address _____ | Phone # _____ |
| 4. | Last Name _____ | First Name _____ |
| | Address _____ | Phone # _____ |

Please indicate which course you would like to play on the day of the event; we will do our best to accommodate your request. All course assignments will be confirmed prior to the event. ___I/We would like to play Oldfield ___I/We would like to play Hampton Hall

Please note that both clubs will follow similar programs for the day and that players at Oldfield will not return to Hampton Hall but will enjoy dinner and event at Oldfield.

ENTRANCE FEE: \$900 PER TEAM

Fee includes: Greens Fees, Golf Carts, Gift Bags, Box Lunch and Dinner (Cash Bar Available).

Number of Golfers attending dinner (included in fee): _____

PLEASE MAKE CHECKS PAYABLE TO: LFWMH
Send check and completed form to:
Lowcountry Foundation for Wounded Military Heroes
20 Towne Drive, #199
Bluffton, SC 29910

For questions, please call (843) 949-8596 or email us at: treasurer@LFWMH.org