



## ENTRY FORM

### **Annual Scholarship Fundraising Event** ***In Memoriam of Sheriff Michael W. Downing***

**Date:** Monday - **September 15, 2025** – Registration & Breakfast starts at 7:30 a.m.

**Location:** Indian Mound Golf Club, Ossipee, NH 03864

9:00 a.m. Shot Gun start – Scramble (best ball) format

#### **Prizes, raffle & silent auction**

**Entry Fee** - (green fees, cart, gift bag, breakfast & lunch) \$125.00/player, \$500.00/Team (4)

**Lunch** - (non-golfers) cost \$20.00/person

**Select One** - Lunch Choices – **(L)** Lobster Roll, **(S)** Steak Tips, or **(C)** Chicken

**Golfers:** Golfer 1 \_\_\_\_\_ Lunch Choice \_\_\_\_\_  
Golfer 2 \_\_\_\_\_ Lunch Choice \_\_\_\_\_  
Golfer 3 \_\_\_\_\_ Lunch Choice \_\_\_\_\_  
Golfer 4 \_\_\_\_\_ Lunch Choice \_\_\_\_\_

**Lunch Guest only:** \_\_\_\_\_ Lunch Choice \_\_\_\_\_

**Contact Person** - Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Please contact me or your NH County Sheriff about sponsorships and raffle donations.**

Card Type (circle one): Visa, Master Card, Discover, AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of payment: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to: **New Hampshire Sheriff's Association**

Email form to – [drichardi@carrollcountynh.net](mailto:drichardi@carrollcountynh.net) or mail with payment to:

NHSA - Attn. Sheriff Richardi - PO Box 190 Ossipee, NH 03864

[nh-sheriffs.org](http://nh-sheriffs.org)

The NHSA is an IRS 501(C) 6 non-profit organization under tax identification number 02-0328616