

Golf Tournament Sign Up

To Reserve your space, please fill out your team information, cut & mail flyer with check by **August 1st, 2015.** Team Name:_____

Captain's Address:	
Cell:	Email:
Player #1 (Captain):	
Player #2:	
Player #3:	
Player #4:	
	Please include check for \$400 made payable to:
	SOS Health Care Inc. Memo: Golf Tournament

PO Box 7136, Myrtle Beach, SC 29572 Phone: 843.499.0554 Fax: 843.497.4861 www.sos-healthcare.com