

April's Journey
Recovery Benefit Golf Event

ENTRY FORM

PLAYER 1 _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____

PHONE _____ HCP _____

E-MAIL _____

PLAYER 2 _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____

PHONE _____ HCP _____

E-MAIL _____

PLAYER 3 _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____

PHONE _____ HCP _____

E-MAIL _____

PLEASE SEND COMPLETED ENTRY FORM ALONG WITH PAYMENT TO:

(Payable To April Baumgartner Recovery Fund)

Chris Altese, Tournament Coordinator
P.O. Box 3022
RE: "April's Journey" Golf Benefit
Bay St. Louis, MS 39521

HOPE

It's Powerful.
It's Real.
It's All We Got.

CURE CROHN'S DISEASE