



**Fauquier Free Clinic "Clubs and Scrubs"
Tournament Registration Form
May 10, 2019 - 11:00 am shotgun
Fauquier Springs Country Club**

Contact Name and Title

Company (Please print EXACTLY as you would like it to appear in all acknowledgements)

Mailing Address	Street	City	State	Zip Code
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Business #	Fax #	Email
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Check Payable to the "Fauquier Free Clinic" Check Amount \$ _____

Golfer Info (if applicable/available):

Player's Full Name	Handicap/Avg	Phone	Email
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1. _____

2. _____

3. _____

4. _____

Return to: Fauquier Free Clinic, P.O. Box 3138, Warrenton, VA 20188

Voice: 540-347-0394

Fax: 540-349-3262

rob@fauquierfreeclinic.org