



# 15<sup>TH</sup> ANNUAL 2010 DC HEMOPHILIA OPEN

May 17, 2010  
10560 Main St., Suite PH-4  
Fairfax, VA 22030-7182  
Phone: 703-352-7641  
Fax: 703-352-2145  
Email: HACA Cares@aol.com



## Golfer Registration Form

- Yes, I would like to participate as a golfer. Enclosed please find \$215 for my registration. (If you wish to be grouped in a foursome with others who are paying separately, please list their names below after your own.)
- Yes, I would like to register a foursome. Enclosed please find \$860 for our registration. (Include additional names below.)
- I would like to support HACA through the purchase of a tee sign. Enclosed please find \$275.
- I am unable to golf in your event, but would like to show my support. Enclosed please find my tax-deductible donation of \$\_\_\_\_\_.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Please make checks payable to **HACA**.

To pay by credit card (Visa, Mastercard, American Express only): Amount charged: \$ \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration date \_\_\_\_\_.

Billing address (if different from above):

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip Code

Completed registrations can be mailed to the above address or faxed to 703-352-2145. .