



CREOKS Help Fore Hope Golf Tournament
The Club at Indian Springs
Monday, October 7, 2019

CONTACT INFORMATION

Company/Organization _____

Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Sponsor Level: _____ **Check #** _____

Event Schedule:

11:00am Registration & Lunch
12:30pm Shotgun Start
Dinner and Awards Reception following game

Deadline:

Player/Team Registration **September 30, 2019**

Entry Fees:

Team Entry (4) \$500 / Individual \$150

Please mail payment and completed forms to:

CREOKS Health Services
Attn: Amber Gutierrez (918) 991-0581
P.O. Box 700360, Tulsa OK 74170

Player Contact Information:

Name 1 _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Name 2 _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Name 3 _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Name 4 _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____