

**Doctors Against Hunger
11th Annual Golf Against Hunger Charity Outing
Benefiting The Atlanta Community Food Bank
Registration Form**

Please fill out one registration form per player.

Player Information:

Name: _____

Email address: _____

Handicap: _____

List the names of the players that you are requesting to be paired with:

1. _____

2. _____

3. _____

If you also want to sponsor a Hole, contact Dr. Sal Minicozzi at 404-531-9525

drsal@intelligentchiropractic.com

Please make checks payable to Doctors Against Hunger and mail along with this form to:

Dr. Sal Minicozzi
5871 Glenridge Dr. Suite 115
Atlanta, Georgia 30328

Checks must be received by Friday May 2, 2014

I, _____ indemnify Cobblestone Golf Course, Doctors Against Hunger, The Atlanta Community Food Bank, and Dr. Sal Minicozzi for any damage or personal injury claim brought by any golfer or other person on the Cobblestone Golf Course property for the purposes of the golf outing.

signature

date