



ARH.org/golf



# Charity Golf Classics

## GOLFER REGISTRATION FORM

For tax purposes all information on each golfer must be included on registration form. Teams are limited to four (4) players. If registering more than one team, please print/submit an additional one of these forms.

**Please mail form and make check payable to: ARH Foundation for Healthier Communities Att: Margie Spaulding, PO Box 8086, Lexington, KY 40505. For more info, call 866.940.4572 or email arhfoundation@arh.org**

I would like to pay by credit/debit card:

- Visa     Mastercard
- AMEX     Discover

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ CVV \_\_\_\_\_

**I am registering for:**  
(Check appropriate box)

**Lexington, KY**  
May 12, 2025

**White Sulphur Springs, WV**  
October 6-7, 2025

**BOTH EVENTS**  
KY and WV

### KY EVENT - MAY 12

Choose Tee Time:  8:00am  2:00pm  
 Individual (\$500) or  Team (\$2,000)

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Shirt Size \_\_\_\_\_

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Shirt Size \_\_\_\_\_

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Shirt Size \_\_\_\_\_

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Shirt Size \_\_\_\_\_

### WV VIP EVENT - OCTOBER 6

**Begin at Noon: Golf (\$2500/team) tee times every 10 mins. | Sporting Clays (\$300 Ind. Shooter/16 rounds/32 spots)**

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Golf and/or  Sporting Clays

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Golf and/or  Sporting Clays

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Golf and/or  Sporting Clays

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Golf and/or  Sporting Clays

### WV EVENT - OCTOBER 7

Choose Tee Time:  8:00am  1:00pm  
**Team (4 players | \$2,500)**

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Shirt Size \_\_\_\_\_

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Shirt Size \_\_\_\_\_

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
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 E-mail \_\_\_\_\_  
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 Shirt Size \_\_\_\_\_