



TEE IT UP
FOR A GREAT CAUSE

Carolinas HealthCare System Blue Ridge Pro-Am Invitational Golf Tournament

Friday, September 24, 2021 | Mimosas Hills Golf Club | Morganton, NC

REGISTRATION DEADLINE: SEPTEMBER 1, 2021

Each sponsored player must complete the registration.

Please register your players on back.

TOURNAMENT QUESTIONS: Call 828-580-5358 or email BRHCFoundation@blueridgehealth.org

COURSE QUESTIONS: Jimmy Piercy
828-437-1246

PARTICIPANT GIFT PACK: Each sponsored player will receive a pre-tournament gift package with the Carolinas HealthCare System Blue Ridge logo. In addition, representatives from FootJoy and Titleist will be on-site to assist players in the selection of their personal Participant Gift Package. **We ask all players arrive by 10:30 a.m. tournament day, to allow plenty of time for registration, gift selection, lunch and use of driving range.**



Carolinas HealthCare System
Blue Ridge

1

AMATEUR REGISTRATION:

Male Female

Sponsor Name: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

HANDICAP INFORMATION:

Maximum Handicap (18). This is a sanctioned CPGA Pro-Am event and restricts amateurs from receiving more than 18 shots.

Current USGA Handicap Index: _____

Home Course/Golf Association: _____

GHIN# _____

2

AMATEUR REGISTRATION:

Male Female

Sponsor Name: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

HANDICAP INFORMATION:

Maximum Handicap (18). This is a sanctioned CPGA Pro-Am event and restricts amateurs from receiving more than 18 shots.

Current USGA Handicap Index: _____

Home Course/Golf Association: _____

GHIN# _____

3

AMATEUR REGISTRATION:

Male Female

Sponsor Name: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

HANDICAP INFORMATION:

Maximum Handicap (18). This is a sanctioned CPGA Pro-Am event and restricts amateurs from receiving more than 18 shots.

Current USGA Handicap Index: _____

Home Course/Golf Association: _____

GHIN# _____

4

AMATEUR REGISTRATION:

Male Female

Sponsor Name: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

HANDICAP INFORMATION:

Maximum Handicap (18). This is a sanctioned CPGA Pro-Am event and restricts amateurs from receiving more than 18 shots.

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GHIN# _____