



Please print the registration form below and return to Lakeview Health Services Foundation or email to kayla.caven@lakeviewmethodist.org

Lakeview Health Services Foundation
610 Summit Dr
Fairmont, MN 56031

Lakeview Golf Registration

Name: _____
Phone: _____
Address: _____
Email: _____

please email me a conformation notice

Additional golf registrations purchased on this form will be registered under the golfer listed above. Please circle the golfer's name below which you are paying for.

Enclosed is a check for the amount of \$_____.
Please make checks payable to Lakeview Foundation.

I plan to golf with:

- 1) _____
- 2) _____
- 3) _____

I cannot golf, but here is my donation \$ _____