



**Sue Walker Memorial Golf
Tournament**

Indian Pond Country Club

Monday September 10th 2018

Dinner Registration Form

Dinner per person \$80.00



I/We would like to attend the dinner \$ _____

IMPORTANT INFORMATION:

Company or Individual Name _____

Contact name _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone _____ Fax _____

Please make check payable to: DFCI Sue Walker Memorial Golf Tournament

Please mail this completed form and payment to:

**Patrick Fahy
23 Mt. Vernon St.
West Roxbury MA 02132**