



WELLSPRING 40TH ANNIVERSARY CELEBRATION
GOLF SCRAMBLE | HUNTING CREEK COUNTRY CLUB
SEPTEMBER 19, 2022, 11:30 Registration/Lunch, 1pm Shotgun Start
GOLFER REGISTRATION

Foursome Name: _____

Contact Name/Title: _____

Mailing Address: _____

Telephone: _____ Email: _____

PAYMENT OPTIONS *(Payment is due by Aug. 30th)*

Number of Golfers: _____ X \$250 per Golfer = \$ _____

Check Enclosed: \$ _____

Credit Card: _____

Name on Card: _____

Credit Card Billing Address: _____

City, State, ZIP: _____

Exp. Date: ____ CVV: ____

Fill out this pdf, save,
and email to:
info@wellspringky.org



OR

Mail completed pdf
along with payment
(check or credit card) to:



**Wellspring/GOLF
REGISTRATION
POB 1927
Louisville, KY 40201**

More info: 502-753-1454

GOLFER # 1

NAME: _____

Email: _____

GOLFER # 2

NAME: _____

Email: _____

GOLFER # 3

NAME: _____

Email: _____

GOLFER # 4

NAME: _____

Email: _____

Wellspring promotes mental health recovery and promotes individuals in building healthy and hopeful lives through behavioral health, housing, and employment services.

wellspringky.org