



The *MOLARS* Dental Golf Championship

Friday, September 12, 2008

THE RIDGE AT CASTLE PINES NORTH GOLF COURSE

OFFICIAL PLAYER REGISTRATION FORM

Player Name: _____

Address: _____

City / State: _____

Zip Code: _____

Phone: _____

Fax: _____

Email: _____

If you want to be in a specific foursome provide each of the players' names below. Each player in your foursome will need to fill out an *OFFICIAL PLAYER REGISTRATION FORM* (make copies of this form if necessary). Otherwise, players will be randomly selected to play in a foursome.

Player Name: _____

Player Name: _____

Player Name: _____

The *MOLARS* entry fee is \$150.00 for each player. Each player also has the opportunity to purchase a **SUPERTICKET** for \$40.00, which includes entry into Hole-In-One events, \$100,000.00 Shoot-Out contest, mulligans and a chance to win a vacation trip to Mexico. **100% of the proceeds will benefit the *Smile Again Program*, a charitable program of the Metro Denver Dental Foundation.**

Payment Options:

Please call me for my credit card payment (**Fax this registration form to 303.397.7669**)

- \$150.00 Entry Fee
- \$40.00 SUPERTICKET

Enclosed is my check

- \$150.00 Entry Fee
- \$40.00 SUPERTICKET

- Make your check payable to Parkridge Endodontics, P.C.
- Mail payment to Parkridge Endodontics, P.C., 10450 Park Meadows Dr., Ste. 102, Lone Tree, CO 80124.

Registrations must be received no later than August 15, 2008. Upon receipt of your registration, you will receive a confirmation reply. If you have any questions please call **303.397.7668**.

We look forward to seeing you at the 2008 *MOLARS*, A Tradition Unlike Any Other In Dentistry.