



# White Plains Hospital/Mariano Rivera Classic

Monday, June 23, 2025 Quaker Ridge Golf Club

## Golf Participant Card

**Host Name:** \_\_\_\_\_ **Handicap/Index:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Player 2 Name:** \_\_\_\_\_ **Handicap/Index:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Player 3 Name:** \_\_\_\_\_ **Handicap/Index:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Player 4 Name:** \_\_\_\_\_ **Handicap/Index:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Please Note:

*This golf outing is a 'rain or shine' event. We will proceed with play unless conditions become unsafe due to lightning, flooding, or other severe weather. Should the event be rained out, every possible effort will be made to reschedule or offer alternative dates to play.*

*Please email completed form to [plaine@wphospital.org](mailto:plaine@wphospital.org) or fax to 914-849-2763. Visit [here](#) for more information.*