

Cape Cod Hospital Auxiliary-Orleans

Spring Games Day 2019 **AM play**____ **PM play**____ **Both Sessions** ____ (\$40 per player)

Please list all guests at your table and enclose a check for the full amount of the reservation.

Remember all proceeds go to Cape Cod Hospital .

Reservation Name:_____ Phone _____

Guests:_____

Guests:_____

of Reservations: _____ Total \$ _____ Game we are playing:_____

I would like to join a group to play _____ I will join you for refreshments only.

I would like to donate \$ _____