For all Foursomes: Please include the names of your teammates. If you do not have a foursome, you will be paired with other players.

1. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________

Mail to: Indiana Animal Health Foundation
201 South Capitol Avenue, Suite 405
Indianapolis, IN 46225
Phone: 317-974-0888
Fax: 317-974-0985

For all Foursomes: Please include the names of your teammates. If you do not have a foursome, you will be paired with other players.

1. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________