



Fran Delaney Foundation

Has proudly supported ALS Research since 2000

The 2007 Sky Meadow CC Annual Golf Tournament August 20, 2007

A Foundation carrying out research into a cure for ALS.

Organized by

The Friends of Fran Delaney

**MONDAY, August 20, 2007
7:30 AM SHOTGUN START
&
1:30 PM SHOTGUN START**

Sky Meadow Country Club

**6 Mountain Laurels Dr.
Nashua, NH 03062**

"We have accomplished quite a bit in the last six years, raised a lot of money and helped a lot of people. There is still work to be done. Please do not give up... There are so many people depending on us to help. Don't Give Up"

It is that time again for having some fun, renewing old friendships and raising funds for ALS research. Once again we are asking your support for The "Fran Delaney Foundation" Sky Meadow Country Club Annual Golf Tournament. This Tournament is the "Premier" golfing event in the Northeast providing much-needed funds for the research to find a cure for ALS. Six thousand new cases of ALS are diagnosed each year and there are 30,000 victims in a race for their lives who need our help now. Your participation in this golfing event will help with funding for some very promising research providing hope for all the ALS community. Last year this tournament raised over \$85,000 and we hope to do even better this year.

Our Tournament committee is again hard at work planning a very exciting and rewarding day for this year's event. We again have the use of Sky Meadow Country Club, and our host will be working hard to insure that the course will be in great shape and as a result we are planning a morning session and an afternoon session.

Feel free to contact Lou Kobbs at 603-320-6089 (Cell) or (LKobbs@ALS.Net) with any questions or John McDonald (603-424-7263) and Tim Hines (508-533-4825)

Sincerely

Lou Kobbs
Tournament Director

Team Registration

Payable to: Fran Delaney Foundation

Send form and Check to:
The Fran Delaney Foundation
PO Box 442

Burlington, MA 01803

CC Number _____ CC Type _____

Name on Credit Card _____

Expiration Date _____

Morning Session _____ Afternoon Session _____

Name #1 _____

Address _____

City, State, Zip _____

Handicap _____ Shirt Size _____

Email _____

Name #2 _____

Address _____

City, State, Zip _____

Handicap _____ Shirt Size _____

Email _____

Name #3 _____

Address _____

City, State, Zip _____

Handicap _____ Shirt Size _____

Email _____

Name #4 _____

Address _____

City, State, Zip _____

Handicap _____ Shirt Size _____

Email _____

