

REGISTRATION FORM

Company

Company Name _____ Name _____
Street Address _____ City _____ State _____
ZIP / Postal Code _____ Phone _____ Email _____

Golfer

1. Name _____ Address _____
City _____ State _____ ZIP / Postal Code _____
Phone _____ Email _____
2. Name _____ Address _____
City _____ State _____ ZIP / Postal Code _____
Phone _____ Email _____
3. Name _____ Address _____
City _____ State _____ ZIP / Postal Code _____
Phone _____ Email _____
4. Name _____ Address _____
City _____ State _____ ZIP / Postal Code _____
Phone _____ Email _____

Payment

Price Per golfer: \$150.00 Quantity: _____ **Price Per foursome:** \$500 Quantity: _____

Title Sponsor \$10,000 (includes 4 teams): _____ **Presenting Sponsor \$5,000** (Includes 2 Teams): _____ **Double Eagle Sponsor \$3000** (Includes 1 Team): _____ **Eagle Sponsor \$2000** (includes 2 Golfers): _____ **Birdie Sponsor \$1000** (includes 1 Golfer): _____ **Practice Putting Green/ Putting Contest Sponsor \$750** (2 Spaces Available): _____ **Par Sponsor \$600:** _____ **Hole in One Contest Sponsor \$500:** _____

Donation amount: _____

Makes checks payable to **Score for Kids Foundation!**

Return top portion by mailing to **501 North Marietta Parkway NE Marietta Ga, 30060!**
Thanks, and see you at the event!