



REGISTRATION FORM

Please reserve the following:

Presenting Sponsor		\$ 5,000.00
Course Sponsor		\$ 3,500.00
Corporate Sponsor		\$ 2,500.00
Foursome		\$ 1,000.00
Individual Player(s)	# of slots ____ x	\$ 250.00
Hole Sign		\$ 100.00

I would like to support
this event by making a donation in the amount of: \$_____

Grand Total \$_____

Method of Payment

☐ **Check enclosed in the amount of** \$_____

NOTE: Please make check payable to "American Cancer Society".

☐ **Please invoice (Donor will be invoiced immediately).**

☐ **Please charge to credit card #:** _____

Name as it appears on card: _____

Expiration date: ____ / ____ CVV Code: _____

Please check one: ☐ Visa ☐ MasterCard ☐ American Express

Company name (for corporate purchase only): _____

Contact name: _____

Title: _____

Address: _____

Phone Number: _____

Email Address: _____

Date: ____ / ____ / ____

Return this Registration Form and Payment to:

American Cancer Society
Attention: Tab Bartlett
507 N New York Ave, Suite 100; Winter Park, FL 32789

