



TEAM INFORMATION

Team Name: _____ **Sponsor Level:** _____

Committee Member: _____ **Team Logo:** Yes / No *(only for Gold & above)*

Team ID: _____ **Hole #:** _____

TEAM CONTACT INFORMATION

Primary Contact Name: _____

Relation to Team: _____ **Job Title:** _____

Primary Phone: _____ Cell Work Home Other

Alternate Phone: _____ Cell Work Home Other

Alternate Phone: _____ Cell Work Home Other

Email: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Additional Address Information: _____

Notes: _____

Payment Type: **Check #:** _____ **Other:** _____

(please indicate one)

American Express

Discover

MasterCard

Visa

Credit Card #: _____ **Expiration Date:** _____

Billing Name: _____ **Verification #:** _____

(Enter name as it appears on Credit Card or Check if different from Team Contact Information)

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Additional Address Information: _____

Billing Phone: _____ Cell Work Home Other

Billing Email: _____

GOLFER INFORMATION

PLAYER 1:

Name: _____

Relation to Team: _____ **Class #:** _____

Company: _____ **Job Title:** _____

Primary Phone: _____ Cell Work Home Other

Alternate Phone: _____ Cell Work Home Other

Email: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Additional Address Information: _____

Handicap: <small>(if player does not have a handicap, please list last 5 scores)</small>	Gender:	Shirt Size:	Attending Sponsor Dinner? <small>(Yes / No)</small>	Attending Awards Ceremony? <small>(Yes / No)</small>	

Notes: _____

PLAYER 2:

Name: _____

Relation to Team: _____ **Class #:** _____

Company: _____ **Job Title:** _____

Primary Phone: _____ Cell Work Home Other

Alternate Phone: _____ Cell Work Home Other

Email: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Additional Address Information: _____

Handicap: <small>(if player does not have a handicap, please list last 5 scores)</small>	Gender:	Shirt Size:	Attending Sponsor Dinner? <small>(Yes / No)</small>	Attending Awards Ceremony? <small>(Yes / No)</small>	

Notes: _____

GOLFER INFORMATION

PLAYER 3:

Name: _____

Relation to Team: _____ **Class #:** _____

Company: _____ **Job Title:** _____

Primary Phone: _____ Cell Work Home Other

Alternate Phone: _____ Cell Work Home Other

Email: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Additional Address Information: _____

Handicap: <small>(if player does not have a handicap, please list last 5 scores)</small>	Gender:	Shirt Size:	Attending Sponsor Dinner? <small>(Yes / No)</small>	Attending Awards Ceremony? <small>(Yes / No)</small>	

Notes: _____

PLAYER 4:

Name: _____

Relation to Team: _____ **Class #:** _____

Company: _____ **Job Title:** _____

Primary Phone: _____ Cell Work Home Other

Alternate Phone: _____ Cell Work Home Other

Email: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Additional Address Information: _____

Handicap: <small>(if player does not have a handicap, please list last 5 scores)</small>	Gender:	Shirt Size:	Attending Sponsor Dinner? <small>(Yes / No)</small>	Attending Awards Ceremony? <small>(Yes / No)</small>	

Notes: _____



ORDER INFORMATION

Sponsorship Level	Price	Qty. of Golfers	Qty. for Sponsor Dinner	Qty. for Awards Ceremony
Tournament	\$25,000	8	16	16
Diamond	\$10,000	4	10	10
Platinum	\$5,000	4	8	8
Gold	\$3,000	4	4	4
Silver	\$2,000	4	4	4
Sponsor Appreciation Dinner	\$4,000	0	10	10
Awards Celebration	\$3,250	0	6	6
Boxed Lunches	\$2,250	0	4	4
Fellowship	\$1,000	0	2	2
Individual	\$500	1	1	1
Hole Signage	\$300	0	0	0
Golf Cart	\$200	0	0	0
Mulligans (limit 2 per golfer)	\$25 each	n/a	n/a	n/a
Sponsor Dinner Guest	\$100 each	n/a	1	n/a
Awards Celebration Guest	\$40 each	n/a	n/a	1

ITEM DESCRIPTION	QTY	UNIT PRICE	LINE TOTAL
(Enter alternate payment information below if other than Team Billing)		Order Total:	

Payment Type: **Check #:** _____ **Other:** _____

Credit Card #: _____ **Expiration Date:** _____

Name: _____ **Verification #:** _____

Billing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Billing Phone: _____ **Cell** **Work** **Home** **Other**

Billing Email: _____