

TEAM REGISTRATION

Name (Team Captain)

Company (as it should appear on sponsorship materials)

Address

City/Zip

Phone

Email

Name (Player 2)

Address

City/Zip

Phone

Email

Name (Player 3)

Address

City/Zip

Phone

Email

Name (Player 4)

Address

City/Zip

Phone

Email

PLEASE CHECK BELOW WHICH SPONSORSHIP YOU WOULD LIKE

- | | |
|---|--|
| <input type="radio"/> MVP Sponsor - \$250 | <input type="radio"/> Hall of Fame Sponsor - \$5000 |
| <input type="radio"/> Foursome Entry - \$1000 | <input type="radio"/> Closest to the Pin - \$3000 |
| <input type="radio"/> Gold Sponsor - \$1500 | <input type="radio"/> Longest Drive Sponsor - \$2500 |
| <input type="radio"/> All Star Sponsor - \$2500 | <input type="radio"/> Cart Sponsor - \$2500 |

I CANNOT PARTICIPATE BUT
HERE IS MY DONATION OF \$ _____

DONATED PRIZE ITEM _____

TOTAL \$ _____

Make checks payable to Duffy's Foundation, Inc.

Payment Method: Check Visa Mastercard

Receipt Method: Text Email

Credit Card #

Exp. Date

CVV Code

Zip Code

Date

Signature