



CHILDHOOD CANCER

2009 Golf Classic

ENTRY FORM

Friday, September 25th, 2009
The Oaks Course, Covington



Please complete steps 1, 2 and 3 of the Entry Form.

1. Select a Sponsorship Level:

- Play in the Tournament \$125
- Sponsor a Foursome \$500
- Sponsor a Hole \$125
- Sponsor a Hole & a Foursome \$600
- Sponsor a Beverage Cart \$1,000
- GOLD Corporate Sponsor (no golf) \$500
- GOLD Corporate Sponsor (with golf) \$1,000
- DIAMOND Corporate Sponsor \$2,500
- PLATINUM Corporate Sponsor \$5,000
- PRESENTING Level Sponsor \$10,000
- Longest Drive \$500 + prizes
- Pitching Contest \$500 + prizes
- Closest to the Pin \$1,000 + prizes
- Putting Contest \$1,500 + prizes
- Raffle Tickets, I would like _____ tickets @ \$20 each
- Sorry, I can't participate this year, but here's my tax deductible donation for \$ _____

2. Select a Method of Payment - Registration must be received by September 18th, 2009.

- I'll be paying by check

Make checks payable to CURE Golf Classic and mail to:
CURE Golf Classic
1835 Savoy Drive, Suite 102
Atlanta, GA 30341-1000

To pay by Visa, MC, or AMEX, call 770.986.0035 to charge by phone, or visit us online at www.curechildhoodcancer.org, Click the "Give" button and choose the CURE Golf Classic in the drop down, and then mail or fax your entry form to 770.986.0038.

- VISA MC AMEX

Name as it appears on your credit card

Credit Card # _____

CSC# _____

Exp Month _____ Year _____ Amount \$ _____

Authorizing Signature _____

3. Provide us with your Information

Preferred shot-gun start time: 8:30am 1:30 pm

1. Name _____

Address _____

Company _____

Phone _____ Fax _____

Email _____

2. Name _____

Address _____

Company _____

Phone _____ Fax _____

Email _____

3. Name _____

Address _____

Company _____

Phone _____ Fax _____

Email _____

4. Name _____

Address _____

Company _____

Phone _____ Fax _____

Email _____