



# Sponsorship/Registration Form

Friday, October 15, 2021



Company/Individual: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Yes, count on my participation at the following level:**

- |   |   |
|---|---|
| <input type="checkbox"/> Corporate Sponsor \$1,000      | <input type="checkbox"/> Hope Sponsor \$250                                   |
| <input type="checkbox"/> Beverage Station Sponsor \$750 | <input type="checkbox"/> Closest to Pin Sponsor \$250                         |
| <input type="checkbox"/> Practice Range Sponsor \$500   | <input type="checkbox"/> Long Drive Sponsor \$250                             |
| <input type="checkbox"/> Team Sponsor \$600             | <input type="checkbox"/> ¼ Hole Sponsor \$75                                  |
| <input type="checkbox"/> Hole Sponsor \$250             | <input type="checkbox"/> Individual Golfer \$150                              |
| <input type="checkbox"/> Breathe Sponsor \$250          | <input type="checkbox"/> Drive, Chip, & Putt Participant \$10<br>(12 & under) |
- We are unable to participate, but enclosed is my 100% tax-deductible donation of \$\_\_\_\_\_

**I would like to donate the following for auction/door prize:** \_\_\_\_\_

For sponsorships that include a golf foursome, please provide golfer names and shirt sizes below:

Golfer name(s):

1. Name: \_\_\_\_\_ T-shirt size: \_\_\_\_\_
2. Name: \_\_\_\_\_ T-shirt size: \_\_\_\_\_
3. Name: \_\_\_\_\_ T-shirt size: \_\_\_\_\_
4. Name: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

All checks should be made payable to **Cystic Fibrosis Foundation**.  
Please return payment and form to a committee member by September 10, 2021.

Or mail form and payment to:  
Susan Christenbury  
1653 Skyland Drive  
Wilkesboro, NC 28697  
336-838-6807  
drivesforedrake@gmail.com