



Sponsorship/Registration Form

Friday, October 18, 2024



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 | |

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 by September 13, 2024.

Or mail form and payment to:
Sallie Staley
166 Twelve Oaks Lane
Wilkesboro, NC 28697
drivesforedrake@gmail.com