



Golf Tournament REGISTRATION

* Early Bird Registration Deadline: Monday, July 28, 2008 *

* Final Registration Deadline: Thursday, September 4, 2008 *

Four Person Best Ball Scramble – For Golfers of ALL Abilities!

September 11, 2008 – 1:00 PM • Fox Hollow Golf Club – St. Michael

Company Name: _____

Individual Name/Contact: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone(s): _____ E-Mail Address: _____

GOLFER'S NAMES OR DINNER ONLY NAMES (If registering individually, you will be assigned a team for golfing):

1. _____ 3. _____

2. _____ 4. _____

Number of Golfer(s) & Dinner _____ x \$100.00 = Total Amount Enclosed \$ _____

Number of Dinner(s) & Silent Auction Only _____ x \$50.00 = Total Amount Enclosed \$ _____

(Note: Only a portion of each golfers and dinner only registration is tax-deductible = \$40 Golf & Dinner, \$34 Dinner Only)

Make check payable to Children's Hospitals and Clinics of Minnesota or provide Credit Card information:

Credit Card Number: _____

Expiration Date: _____

Signature (required): _____

* Mail form and payment to:
Children's Hospitals and Clinics of Minnesota
2910 Centre Pointe Drive
Roseville, MN 55113
Attn: Barbie Hentges

(all contests, awards and prizes are restricted to amateur golfers only / held rain or shine)

For questions, contact: **Barbie** (651) 855-2836 or barbie.hentges@childrensmn.org



Sponsor a Hole or Make a DONATION!

* For Sponsorships – Please contact Barbie by August 11, 2008 *

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Sponsorship Opportunities (Includes Sign):

- Dinner Sponsor: **\$2,000**
- Corporate Sponsor: **\$1,000**
- Beverage Cart Sponsor: **\$500**
- Event Hole Sponsor: **\$300**
- Longest Drive Sponsor: **\$300**
- Putting Contest Sponsor: **\$300**
- Closest to Pin Sponsor: **\$300**
- Hole Sponsor: **\$250**

Other Contributions:

In – Kind Donation / Prize: _____

Please accept my donation in the amount of: \$ _____

Total Amount Enclosed: \$ _____

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