

Autism Advocate Foundation Golf Classic

Saturday, June 26, 2010

Blackmoor Golf Club

2 p.m. shotgun start



Registration Form

Name _____

Company _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____ Fax _____

Please reserve _____ spots at \$65 per golfer/\$250 per foursome (*reservations of less than four players will be teamed with other non-foursomes at the tournament organizers' discretion*).

Player name _____

Player name _____

Player name _____

Player name _____

Check all that apply:

I would like to purchase a Mulligan Package for my team for \$25

I would like to purchase a hole sponsorship at \$150

I would like to purchase a family hole sponsorship at \$50

Name/company name as it should appear on sign: _____

I cannot attend, but please accept my contribution of \$_____ to support AAF.

I am donating item(s) for the raffle/silent auction. See attached, or please contact me to arrange for pickup.

Total payment: \$ _____

I am paying by (check one):

Check (*make payable to Autism Advocate Foundation*)

Credit Card (*circle one*): MC Visa AMEX Discover

Credit Card Number _____ Exp. Date _____

Security Code (*MC/Visa – last three digits on signature panel; AMEX 4-digit numbers on front right of card*) _____

Name as appears on card _____

Please return completed form with payment to Autism Advocate Foundation, PO Box 7061, Myrtle Beach, SC 29572. Forms may also be e-mailed to Monique@autismadvocatefoundation.com, or faxed to 843-497-4861. Questions? Call 843-213-0217.