

10th Annual "Chipping Away at Childhood Cancer"[®] Memorial Golf Tournament

Friday, August 24, 2007
The Ridge Golf Club, Auburn, CA



Registration Form

Upon receipt of your registration form, your participation is reserved.
Payment is required by August 1 to confirm your reservation. We're sorry, no refunds will be considered.

STEP 1: Billing Address: (Please print clearly.)

Company name (as it should appear on signage and/or in program):		
Attn:		
Address:		
City:	State:	Zip code:

STEP 2: Contact Information:

Name:
Email address:
Phone: ()

STEP 3: Sponsorship Levels: (Please see attached for sponsorship descriptions.)

<input type="checkbox"/> "Hero" Sponsor: \$15,000	<input type="checkbox"/> Lunch Reception Sponsor: \$5,000
<input type="checkbox"/> Platinum Sponsor: \$10,000	<input type="checkbox"/> Range Sponsor: \$1,000
<input type="checkbox"/> Gold Sponsor: \$5,000	<input type="checkbox"/> Welcome Sponsor: \$1,500
<input type="checkbox"/> Silver Sponsor: \$2,500	<input type="checkbox"/> Hole Sponsor: \$500
<input type="checkbox"/> Bronze: \$1,500	<input type="checkbox"/> Family Reception: \$300
	<input type="checkbox"/> Luncheon Guest: \$45 How many? _____

STEP 4: Golfer Names

1.	3.
2.	4.

STEP 5: Payment Options:

<input type="checkbox"/> Check (payable to The Keaton Raphael Memorial)	<input type="checkbox"/> Invoice me
<input type="checkbox"/> Credit card (circle one: Visa Mastercard) #: _____ Expiration: _____	
Name exactly as it appears on front of card: _____	

STEP 6: Submit completed registration form via Fax or Email to:

The Keaton Raphael Memorial
#262 1079 Sunrise Avenue, Suite B
Roseville, CA 95661

- or - Fax to: (916) 784-3384
Email to: Info@ChildCancer.org



Questions?

Call (916) 784-6786 or email us at:
Info@ChildCancer.org