

2008 Registration Form

www.caringsolutions.org

314-229-5233

Complete this form and return to: Caring Solutions, P.O. Box 435, Ballwin, MO 63022

Please sign me (us) up to play: **\$700** per team **\$175** per person **\$25** per person for lunch guest only

Player #1 _____ Phone _____ Extra Guest for Dinner _____
Player #2 _____ Phone _____ Extra Guest for Dinner _____
Player #3 _____ Phone _____ Extra Guest for Dinner _____
Player #4 _____ Phone _____ Extra Guest for Dinner _____

I am unable to play this year, please accept the following donation: \$ _____

Check enclosed in the amount of \$ _____ (Payable to Caring Solutions)

Please charge my credit card: Mastercard Visa

Credit Card Number: _____ Expiration Date: _____

Name as it appears on card: _____ Signature _____

Committee would appreciate your registration by Monday, September 1st

* Please complete reverse side

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2008 Sponsor Form

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Yes, I would like to be part of the Caring Solutions Golf Tournament by sponsoring:

- \$5,000 Caregiver Sponsor \$2,500 Host Sponsor \$1,500 Support Sponsor \$800 Team Sponsor
 \$700 Golf Foursome \$500 Award Sponsor \$500 Lunch Sponsor \$500 Longest Drive Sponsor
 \$500 Closest to the Pin Sponsor \$500 Hole in One Sponsor \$300 Breakfast Sponsor
 \$200 Beverage Cart Sponsor \$200 Putting Green Sponsor \$150 Hole Sign Sponsor \$175 Sponsor a resident to play golf
 Full Page Ad \$150 1/2 Page Ad \$100 1/4 Page Ad \$75

*Company Name: _____ *Contact Name _____

*Address: _____ *City _____ *State: _____ *Zip: _____

*Phone: _____ *Fax: _____ *Email: _____

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