

Holly's Hope 3rd Annual Charity Golf Outing & Dinner Registration Form
Friday August 13, 2010

Primary Contact Name: _____

Address: _____

Phone Number: _____ Email: _____

Single Golfer Foursome *

*Other Golfers in Foursome: _____

Golf Outing Payment:

I have enclosed payment for myself/my foursome: Golf only **\$85/\$340** Golf & Dinner **\$125/\$500**

I have enclosed payment for my Contest Hole Passport (entitles me to participate in the following contests: hole-in-one, closest to the pin, longest drive, & one additional contest-TBD)
_____ (**\$20**/golfer) Total of \$ _____

I have enclosed payment for a Hole Sponsorship:

- | | |
|------------------------------|--------------------------|
| <input type="radio"/> \$2000 | Double Eagle Sponsorship |
| <input type="radio"/> \$1000 | Eagle Sponsorship |
| <input type="radio"/> \$500 | Birdie Sponsorship |
| <input type="radio"/> \$250 | Par Sponsorship |

Name of Sponsor Recognition: _____

Golf Outing Payment Total: \$ _____

Dinner/Auction Payment:

I have enclosed payment for dinner only - # _____ (**\$ 40**/person) Total of \$ _____

Name(s): _____

I have enclosed payment for Raffle tickets 5/**\$20** Total of _____ tickets for \$ _____

Dinner/Auction Payment Total: \$ _____

Total Enclosed: \$ _____

I would like to donate an item/service for the silent auction:

Item Description

Real Market Value

Sorry, I am unable to attend, enclosed is my tax deductible donation of \$ _____.

Donation made by: _____ Email address: _____

Please return this form along with your payment, made payable to **Holly's Hope for a Cure, Inc.**, in the enclosed envelope by **7/30/10** to reserve your space. Availability is limited. For more information visit our website at hollyshopeforcure.com or contact us at (847) 287-4935.

Mail registration form and payment to:

Holly's Hope for a Cure, Inc.

P.O. Box 7136

Buffalo Grove, IL 60089-7136

All contributions are tax deductible to the extent allowed by law.