

Schreiber Pediatric's 8th Annual Golf Classic

METHOD OF PAYMENT

- Please send an invoice in the amount of \$_____
- Enclosed is a check in the amount of \$_____ (Please make payable to S.P.R.C.)
- Please bill the following credit card in the amount of \$_____
- _____ Visa _____ MasterCard _____ Discover

Name as it appears on card _____

Card Number _____ Exp. Date _____

Billing Address (if different than above) _____

Authorized Signature _____

Player 1 Name: _____

Player 2 Name: _____

Player 3 Name: _____

Player 4 Name: _____

Main Player Contact Info: Same as above

Name: _____

Company: _____

Address: _____ City/State: _____

Zip: _____

Phone Number : _____

Email: _____

PLAYER REGISTRATION

PLEASE MAIL RESPONSE FORM AND PAYMENT TO,
S.P.R.C., c/o Jordan Eberle, 625 Community Way, Lancaster, PA 17603

For additional information, please contact Jordan Eberle at
717-393-0425 ext. 106 or jeberle@schreiberpediatric.org

www.schreiberpediatric.org

Sponsorships and donations are tax exempt to the extent allowable by law.

Schreiber Pediatric Rehab Center is a 501(c)3 organization.

RESPONSE FORM

- | | | | |
|--|---------|--|---------|
| <input type="checkbox"/> Ace Sponsor | \$5,000 | <input type="checkbox"/> Birdie Sponsor | \$1,500 |
| <input type="checkbox"/> 19th Hole Sponsor (Exclusive) | \$5,000 | <input type="checkbox"/> Par Sponsor | \$1,000 |
| <input type="checkbox"/> Eagle Sponsor | \$3,000 | <input type="checkbox"/> Tee Sponsor | \$250 |
| <input type="checkbox"/> Golf Cart Sponsor (Reserved) | \$3,000 | <input type="checkbox"/> Foursome | \$900 |
| <input type="checkbox"/> Lunch Sponsor (Exclusive) | \$3,000 | <input type="checkbox"/> Individual Golfer | \$250 |

Name _____ Title: _____

Company _____

Address: _____

Telephone: _____ Fax: _____ Email Address: _____