

Schreiber Pediatric's 7th Annual Golf Classic

RESPONSE FORM



Name _____ Title: _____

Company _____

Address: _____

Telephone: _____ Fax: _____ Email Address: _____

- | | | | |
|--|---------|--|---------|
| <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 |

PLAYER REGISTRATION

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: _____

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 _____

PLEASE MAIL RESPONSE FORM AND PAYMENT TO,
 S.P.R.C., c/o Carissa Slawecki, 625 Community Way, Lancaster, PA 17603
 For additional information, please contact Carissa Slawecki at
 717-393-0425 ext. 106 or cslawecki@schreiberpediatric.org

www.schreiberpediatric.org

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