



## 2018 WAC Golf Tournament Registration Form

### Company Information

Name/Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

**Golf participants' foursome golfers at \$125.00 each (includes golf, lunch, dinner):**

#### Individual:

1. Name: \_\_\_\_\_ Company: \_\_\_\_\_

2. Name: \_\_\_\_\_ Company: \_\_\_\_\_

3. Name: \_\_\_\_\_ Company: \_\_\_\_\_

4. Name: \_\_\_\_\_ Company: \_\_\_\_\_

**Sponsorship level (please check one):**  Platinum (\$2,000)  Gold (\$1,500)  Silver (\$1,000)

#### Hole Sponsorship:

I want to sponsor \_\_\_\_\_ (quantity) @ \$250 each (recognition at tee).

Sponsor/Company name for signs: \_\_\_\_\_

#### Flag Sponsorship:

I want to sponsor \_\_\_\_\_ (quantity) @ \$100 each (recognition at Green).

Sponsor/Company name for signs: \_\_\_\_\_

**Charitable contributions:** I would like to make a fully tax-deductible contribution of \$\_\_\_\_\_.

**In Kind Donation:** \_\_\_\_\_ Value: \$\_\_\_\_\_.

**WHS Tax ID:** 57-024028 \* All proceeds will benefit the CR Washington Athletic Club

#### Complete this form & mail with payment to:

**2018 WAC Golf Tournament, 2205 Forest Drive SE, CR, IA 52403**

Check enclosed:  Yes  No

**Please make checks payable to: Washington High School Athletic Club**

**Credit card information:**  Visa  MasterCard  Discover

Account number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code (CUV # on back of card) \_\_\_\_\_

Physical address (required): \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature (required): \_\_\_\_\_

Golf Fees	\$
Hole Fees	\$
Sponsorship Fees	\$
Flag Fees	\$
<b>Total</b>	<b>\$</b>

