



2019 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, food, silent auction):

Individual:

1. Name: _____ Company: _____
2. Name: _____ Company: _____
3. Name: _____ Company: _____
4. Name: _____ Company: _____

Social Hour/Silent Auction Only \$25 each beginning 2:30pm (includes meal and silent auction)

Name: _____ No. of attendees _____

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

Hole Sponsorship:

I want to sponsor _____ (quantity) @ \$450 each (recognition at tee).

Sponsor/Company name for signs: _____

Flag Sponsorship:

I want to sponsor _____ (quantity) @ \$250 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:

2019 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): _____ Zip: _____

Telephone number: _____

Signature (required): _____

Golf Fees	\$
Hole Fees	\$
Sponsorship Fees	\$
Flag Fees	\$
Total	\$