

## Sponsorship/ Registration Form

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

Company Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ Contact Email: \_\_\_\_\_

*Sponsorship Selection – Please check all that apply*

Platinum (\$2500) \_\_\_\_\_ Gold (\$2000) \_\_\_\_\_ Silver (\$1500) \_\_\_\_\_

Bronze (\$1000) \_\_\_\_\_

Individual Player (\$150) \_\_\_\_\_ Group of Four Players (\$500) \_\_\_\_\_

Driving Range Sponsor (\$500) \_\_\_\_\_

Hole Sponsor (\$150) \_\_\_\_\_ Number of Holes desired \_\_\_\_\_

Billing Information: Check \_\_\_\_\_ CC # \_\_\_\_\_

Choose one: **VISA MC AE DC** Expiration (month) / (year) \_\_\_\_ / \_\_\_\_

Please list Player(s) names and addresses:

1. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ email \_\_\_\_\_

2. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ email \_\_\_\_\_

3. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ email \_\_\_\_\_

4. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ email \_\_\_\_\_

Mail completed form, along with check or credit card information to:

Children's Cancer Careline, *Giving From the Heart*

P. O. Box 1138

Bothell, WA 98041

(206) 459-5484

You may also complete online form available at [www.childhoodcancercare.org](http://www.childhoodcancercare.org)