



Golf Registration Form

FOUR EASY WAYS TO REGISTER



E-Mail:
driveforhope@cues.org



Fax:
608.441.3408



Call:
800.252.2664 or
608.271.2664 ext. 5308



Mail to: Kristin Ryan
CUES • P.O. Box 14167 •
Madison, WI 53708-0167

Contact Name

Address

City, State/Prov., ZIP

E-Mail

Telephone

Company (if applicable)

Golf

- | | | | | |
|---|-------|------------|----------|-------------------------|
| <input type="checkbox"/> GOLF FOURSOME with four dinners | \$840 | QTY. _____ | \$ _____ | |
| <input type="checkbox"/> SINGLE GOLFER with dinner | \$225 | QTY. _____ | \$ _____ | |
| <input type="checkbox"/> SINGLE GOLFER | \$200 | QTY. _____ | \$ _____ | |
| <input type="checkbox"/> DINNER ONLY | \$50 | QTY. _____ | \$ _____ | TOTAL = \$ _____ |

GOLFER 1

Handicap

I am a lung cancer survivor

Address

City, State/Prov., ZIP

E-Mail

Telephone

Shirt Size

GOLFER 2

Handicap

I am a lung cancer survivor

Address

City, State/Prov., ZIP

E-Mail

Telephone

Shirt Size

GOLFER 3

Handicap

I am a lung cancer survivor

Address

City, State/Prov., ZIP

E-Mail

Telephone

Shirt Size

GOLFER 4

Handicap

I am a lung cancer survivor

Address

City, State/Prov., ZIP

E-Mail

Telephone

Shirt Size

(Please photocopy if you have additional golfers)



Sponsorship

(Log on to DriveForHopeMadison.com for details on sponsorship opportunities, or contact Kristin Ryan at 800.252.2664 or 608.271.2664 ext. 5308.)

YES, I would like to sponsor _____ \$ _____

YES, I would like to sponsor _____ \$ _____

YES, I would like to sponsor _____ \$ _____

Total \$ _____

For the silent auction/door prizes*:

I would like to donate _____ valued at \$ _____

I would like to donate _____ valued at \$ _____

* The *Drive for Hope* committee will contact you regarding collection of your donated items.

For the golf goody bags*:

I would like to provide _____

I would like to provide _____




Payment

Golf registrations are not tax deductible; however, sponsorship and financial contributions may be tax deductible as allowed by law. Contributors will receive a detailed receipt from the UW Carbone Cancer Center. Please consult your tax advisor.

My payment (in U.S. funds only) of \$ _____ is enclosed.

I'm unable to attend, but want to support *Drive for Hope*. My contribution is enclosed.

Make checks payable to UW Foundation Drive for Hope.

Charge \$ _____ to my   

_____/_____/_____/_____

Credit card number

Expiration date

Security Code (CSC)

Print name as it appears on card

Authorized signature

Billing/Home phone number

Credit card billing address

City

State

Zip