



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

YES, I would like to sponsor. Please contact me about the available sponsorship opportunities.

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 _____

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




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