



1st Annual Golf Classic

Name _____

Sponsor Name _____
Name as you would like it to appear on all printed materials

Title _____

Company _____

Address _____

City/State/Zip _____

Home Phone (____) _____

Cell Phone (____) _____

Fax (____) _____

Email _____

Please check appropriate level of participation:

- \$10,000 Presenting Sponsor
- \$5,000 Eagle Sponsor
- \$2,500 Birdie Sponsor
- \$1,000 Par Sponsorship
- \$500 Bogey Sponsor
- \$250 Double Bogey Sponsor
- \$125 Individual Player
- \$500 Foursome
- \$50 Dinner and Award only

I would like to sponsor an Underwriting Opportunity of:
_____ \$ _____

I cannot participate on January 25, but I would like to support Coast Christian School with a tax deductible donation of: \$ _____

Total Enclosed \$ _____

Please charge \$ _____ to my:

- VISA
- MC
- AMEX
- DISC

Credit Card # _____ 3 digit code _____

Name as it appears on card _____

Signature _____

Exp. Date _____

Billing Address: _____

- My check is enclosed, made payable to: **Coast Christian School**
- Please do not list my/our name; I/we wish to remain anonymous.

Please return your registration form and payment in the enclosed envelope. All sponsorship registration forms must be received by December 1, 2009 in order to be recognized in the event program.

Golfers

Name (1) _____

Title _____

Company _____

Address _____

City/State/Zip _____

Phone (_____) _____

Name (2) _____

Title _____

Company _____

Address _____

City/State/Zip _____

Phone (_____) _____

Name (3) _____

Title _____

Company _____

Address _____

City/State/Zip _____

Phone (_____) _____

Name (4) _____

Title _____

Company _____

Address _____

City/State/Zip _____

Phone (_____) _____



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Tax ID# 95-1831060