

# CHRISTIEcareCUP

## Pro Am Series and Golf Classic

Columbia Edgewater CC  
September 13<sup>th</sup>, 2010

### Player & Payment Information Form

SPONSOR TEAM/COMPANY NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**INDICATE:**         PAR SPONSOR (\$2,400)        **OR**         BIRDIE SPONSOR (\$3,600)

**RAFFLE TICKETS:** \$25 each, or five (5) for \$100. All proceeds will benefit ChristieCare. **QTY of Tickets:** \_\_\_\_\_

**SPONSOR A CHILD:** \$100. **QTY of Sponsor a Child Donations:** \_\_\_\_\_

Note: Amateur teams will be matched with an OPGA professional to make up a foursome.

	E-MAIL	PHONE	CLUB	HCP
AMATEUR #1:	_____	_____	_____	_____
AMATEUR #2:	_____	_____	_____	_____
AMATEUR #3:	_____	_____	_____	_____

\*Amateurs must have a current USGA hcp to be eligible for *Individual Amateur Purse*.

#### PAYMENT METHOD

Enclosed is my check, payable to "ChristieCare"        *Note: Checks will be cashed as received/*

Charge my Visa, MasterCard, or American Express

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Authorization # (on back of card): \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Mail Entries & Check to the:

Oregon PGA  
6715 NE 63<sup>rd</sup> Street, # 448  
Vancouver, WA 98661



Oregon Chapter PGA Phone #: 360-254-9438

