

Registration Information

Alzheimer's Family Center's 3rd Annual Keith Sims Celebrity Golf Invitational

Saturday, May 1, 2010

Individual Player: _____

Foursome: _____

Sponsorship Level: (attach camera ready logo) _____

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Foursome Team:

Player #1 _____

Player # 2 _____

Player # 3 _____

Player #4 _____

DEADLINES:

Sponsorship & Underwriting must be received by **Monday, March 22nd** for brochure listing.

All Individual & Foursome entries must be received by **Monday, April 26th**.

PAYMENT INFO: Checks made payable to Alzheimer's Family Center, Inc. (Tax ID # 59-768189)

Total Amount enclosed: \$ _____

Credit Card: _____ Name on Card: _____

Acct. # _____ Exp Date: _____

Authorized Signature _____

Visa, Mastercard & American Express Accepted

Mail payment to: Alzheimer's Family Center
6280 W. Atlantic Blvd., Margate, FL. 33063

Or FAX (954) 971-4797 or email alzfam@bellsouth.net

