

REGISTRATION FORM

Registration Deadline: **Thursday, July 15th**
FAX THIS REGISTRATION FORM TO: (317) 396-2761

Corporate Sponsors: Provide logo with registration or email to: mstevens.hch@comcast.net

Entry Fees:

- \$300.00 - Individual \$1,100.00 - Foursome
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Sponsorship:

- \$ 5,000.00 - Platinum \$ 350.00 - Beverage Cart
 \$ 2,500.00 - Gold \$ 300.00 - Hole
 \$ 1,500.00 - Silver \$ 150.00 - Cart

Sponsor's Name (as it is to appear on sign):

Address: _____
City/State/Zip: _____
Contact Person: _____
Phone: _____
Email: _____

Individual Player's Name or Main Contact for Foursome:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

Foursome:

Player 1: _____
Player 2: _____
Player 3: _____
Player 4: _____

Please make checks payable to: Handi-Capable Hands, Inc.
Or, pay by credit card (MC, Visa and Discover accepted).

Mail payments to: 3215 E. Thompson Rd., Indpls., IN 46227

I am unable to participate but would like to contribute \$ _____ in support of your program.