

SPONSORSHIP/ENTRY FORM



CONTACT PERSON NAME _____

COMPANY NAME (IF APPLICABLE) _____

SPONSOR SIGN SHOULD READ (IF DIFFERENT FROM COMPANY NAME) _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE # _____ E-MAIL: _____

I would like to participate as a _____ Sponsor for \$ _____.

PAYMENT: (check one)

Enclosed is a check made payable to: Park Pride.

A check will be mailed to Park Pride by August 31.

Please invoice the company, to my attention (or alternatively, to the attention of: _____)

PLEASE RETURN TO: Park Pride Golf Classic, 233 Peachtree St. NE, Suite 1600, Atlanta, GA 30303

Questions? Call the Development Office at 404-546-7969 or e-mail abigail@parkpride.org.

TEAM INFORMATION

If you know the names of those playing in your foursome, please list them below. If not, you can let us know closer to the event.

- ① _____ *List "Team Captain" here – please include email if different than email listed on reverse side.*
- ② _____
- ③ _____
- ④ _____

Look forward to seeing you at the Druid Hills Golf Club on Monday, October 4!

Thank you for your support of Park Pride!