

SPONSORS

register here

CONTACT NAME _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

SPONSORSHIP SELECTION

SWAG SPONSOR

HOLE SPONSOR

RAFFLE SPONSOR

DESCRIPTION & VALUE OF RAFFLE ITEM:

WILL YOU DROP OFF ITEM OR HAVE US PICK
IT UP? _____

MAIL/FAX YOUR FORM WITH A CHECK OR CASH TO:

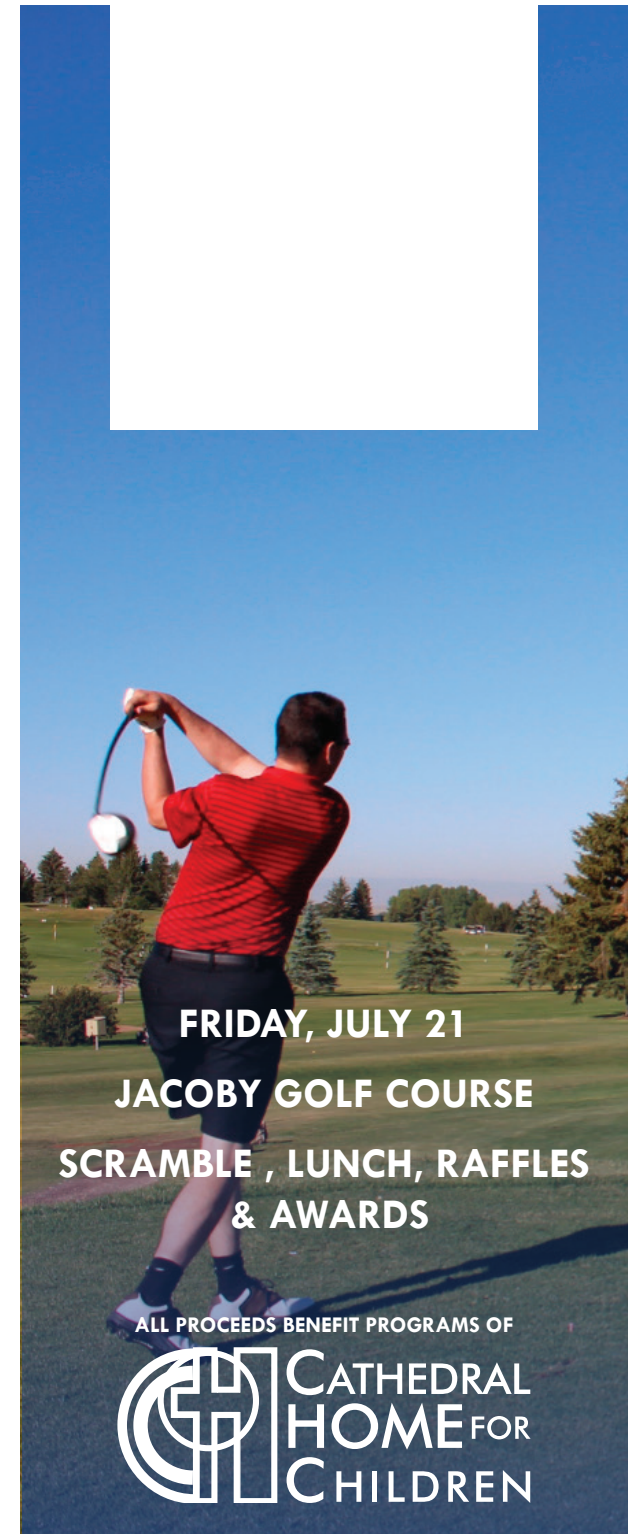
CATHEDRAL HOME FOR CHILDREN
4989 N. 3RD STREET
LARAMIE, WY 82072

FAX: (307) 742-6146

CHECKS CAN BE MADE OUT TO "CHC."
TO PAY BY CARD CALL (307) 721-1535.

*See you on
the green!*

FOR QUESTIONS, CALL
307.721.1535.



event details

AN ANNUAL FUNDRAISER FOR
CATHEDRAL HOME FOR CHILDREN

FRIDAY, JULY 21
JACOBY GOLF COURSE
3501 WILLETT DR.
LARAMIE, WY 82072

CHECK-IN BEGINS AT 7 A.M.
8 A.M. SHOTGUN START
LUNCH PROVIDED AT 1 P.M.

18-HOLE SCRAMBLE INCLUDING LONGEST
DRIVE, LONGEST PUTT AND CLOSEST TO THE
PIN WITH RAFFLE AND AWARDS CEREMONY
TO FOLLOW.

ALL PROCEEDS BENEFIT PROGRAMS OF
CATHEDRAL HOME FOR CHILDREN



team details

REGISTRATION FORM MUST BE RECEIVED BY JULY 17

\$100/PLAYER | MAX OF 4 PLAYERS

FEE INCLUDES GREEN AND CART
FEES, TOURNAMENT SWAG,
RAFFLE TICKETS AND LUNCH.

YOU MAY PURCHASE MULLIGANS (1 PER
PLAYER) FOR \$5 AND ADDITIONAL RAFFLE
TICKETS FOR \$1 AT CHECK-IN.

sponsor details

REGISTRATION FORM MUST BE RECEIVED BY JULY 7

SWAG SPONSOR: \$600.00

LOGO ON TOURNAMENT SWAG ITEMS
GIVEN TO ALL PARTICIPANTS. RECOGNITION
WILL ALSO BE GIVEN AT THE END OF THE
FUNDRAISER, IN THE PROGRAM, AND ON
EVENT SIGNAGE.

HOLE SPONSOR: \$300.00

RECOGNITION WILL BE GIVEN AT HOLE, AT
THE END OF THE FUNDRAISER, IN PROGRAM
AND ON FUNDRAISER SIGNAGE.

RAFFLE SPONSOR

RECOGNITION WILL BE GIVEN DURING
RAFFLE AND IN TOURNAMENT PROGRAM.

**ALL SPONSORS WILL BE GIVEN RECOGNITION IN
A BOOMERANG THANK-YOU AD FOLLOWING THE
FUNDRAISER*

TEAMS

register here

TEAM CAPTAIN _____

TEAM/COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ HANDICAP _____

ADDITIONAL PLAYERS

NAME & HANDICAP _____

E-MAIL ADDRESS _____

NAME & HANDICAP _____

E-MAIL ADDRESS _____

NAME & HANDICAP _____

E-MAIL ADDRESS _____

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