

Sarah Howard Childhood Cancer Fund
15th Annual Golf Tournament

Date: Monday, May 9, 2016
Place: Belle Haven Country Club
Entry: \$ 275.00
Time: 11:00 Registration
12:00 Lunch
1:00 Shotgun
6:00 Cocktails / Awards

_____ Yes, I would like to participate on May 9th

Name: _____
Street: _____
City: _____ State ____ Zip _____
Home Phone: _____ Work Phone: _____
Email Address: _____

_____ No, I am unable to participate on the 9th, however I would like to support the effort to fight childhood cancer with my contribution of \$ _____
(check enclosed)

_____ In addition, I would like to assist the cause by becoming a:

- Golf Hole Sponsor \$ 500
 Tournament Sponsor \$ 1,000

Enclosed is my check for the following:

Players: \$ 275 X _____ Players	=	\$ _____
Hole Sponsor \$ 500	=	\$ _____
Tournament Sponsor \$1,000	=	\$ _____
Contribution	=	\$ _____
 Total Enclosed		 \$ _____

Hole or Tournament Sponsor Sign to Read: _____

I have a foursome and the others are: _____

Please make your check payable to the Sarah Howard Childhood Cancer Fund and mail to: Prevent Cancer Foundation 1600 Duke Street, Suite 500, Alexandria, VA 22314

Please help us with our planning by responding early