



15th Annual *Ribbon of Hope Golf Challenge* Registration/Sponsorship Form

Thornberry Creek Country Club – Monday, June 26, 2017

____ Yes, reserve a foursome for golf and dinner at \$600
Complete the golfer section on the backside. Registration is limited.

____ Yes, I would like to be a sponsor for the golf outing. *See enclosed sheet.*

- | | | |
|--|-------------------------------|-----------------------|
| ____ Flying Pig (\$7,500) | ____ Ribbon of Hope (\$5,000) | |
| ____ Ribbon (\$2,500) | ____ Dinner (\$1,500) | ____ Hope (\$1,000) |
| ____ Golf Cart (\$1,000) | ____ Support (\$750) | ____ Lunch (\$750) |
| ____ Courage (\$500) | ____ Range (\$500) | ____ Survivor (\$500) |
| ____ Vodka Splash (\$500) | ____ Beer Hole (\$500) | ____ Tee (\$300) |
| ____ Individual (\$100 and over) | ____ Ice Cream Hole (\$300) | |
| ____ Other cash donations, auction or raffle items | | |

____ Yes, I would like purchase a \$20 breast cancer dedication or memorial flag
In honor of _____
In memory of _____

____ Yes, reserve _____ for the dinner/auction only at \$50.00 per person
Complete the dinner only portion on the backside of this form

_____ Total amount enclosed

Name _____ Phone _____

Business Name *(if applicable)* _____

Address _____

City/State/Zip _____

Email _____

Make check payable to: *Ribbon of Hope Foundation*
Return check and registration/sponsorship form to:
Carmine Nell, 1219 Colle Street, Luxemburg WI 54217
Contact Info: (920) 609-5737 scnell@centurytel.net

Thank you very much for helping us raise money for local individuals with breast cancer!



15th Annual Ribbon of Hope Golf Challenge Registration/Sponsorship Form
Monday, June 26, 2017 – 10:30 a.m. Shotgun Start – Thornberry Creek Country Club

Golfers: Complete this section (\$600 a foursome.....includes golf, lunch and dinner) *Registration is limited.*

Team Name _____

1. Captain's Name _____

Address _____

Phone _____ Email _____

Other team members (can be added/changed later):

2. Name _____

Address _____

Phone _____ Email _____

3. Name _____

Address _____

Phone _____ Email _____

4. Name _____

Address _____

Phone _____ Email _____

Please complete this section for dinner tickets only (\$50 each)

Silent Auction starts at 4:30 p.m.; Dinner at 5:45 p.m.

Let us know if you have a specific dietary requirement.

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

3. Name _____ Phone _____

Address _____

4. Name _____ Phone _____

Address _____