



2009 NFL Alumni Golf Classic & Caring For Kids Banquet

JUNE 18-19TH 2009 | BENEFITING THE CENTER FOR CHILD PROTECTION



Team Sponsor

Title (Mr./Ms.) _____

First Name _____

Last Name _____

Company/Organization _____

Address (home/office *circle one*) _____

City, State Zip _____

Office Phone _____

Home Phone _____ Cell Phone _____

Email _____

Check here if you are the contact for this registration only and are NOT playing golf.

Please give us the name and contact information for your team captain (if other than yourself), and we will be in touch with him/her to personally register the players on each team.

TEAM CAPTAIN

Title (Mr./Ms.) _____

First Name _____ Last Name _____

Address (home/office *circle one*) _____

City, State Zip _____

Office Phone _____

Home Phone _____ Cell Phone _____

Email _____

PLEASE FAX THIS FORM TO 512-472-1167

Questions? Please contact Development Associate, Katie Barta at 512/472-1164 or kbarta@centerforchildprotection.org. We will be in touch with you soon to confirm your registration.

Thank you so much for your support!



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PAYMENT: Team Sponsorships

SELECT ONE

- \$15,000 Super Bowl \$7,500 Pro Bowl \$7,500 Caddie \$6,000 Scoreboard \$5,000 KB Partner
- \$3,000 Game Day \$2,500 Golf Team

SPONSOR/TEAM NAME *(as it should appear in all publications)* _____

METHOD OF PAYMENT

CHECK ENCLOSED IN THE AMOUNT OF \$ _____

Make check payable to Center for Child Protection

Mail to: Center for Child protection, 8509 FM 969, Bldg. 2 Austin, TX 78724

PLEASE INVOICE ME FOR MY CONTRIBUTION OF \$ _____

I WOULD LIKE TO CHARGE MY CONTRIBUTION OF \$ _____

- Mastercard Visa Discover American Express

Card No: _____

Expiration Date: _____

Signature: _____

PLEASE FAX THIS FORM TO 512-472-1167

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