

Founder's Cup Charity Classic

In partnership with *The West Coast Golf Group* and presented by *West Coast Auto Group*
Swan-e-Set Golf & Country Club | Thursday, September 7, 2017

Player Entry:

	PLAYER 1	PLAYER 2
NAME		
COMPANY NAME		
ADDRESS		
CITY		
PROVINCE		
POSTAL CODE		
PHONE (HOME)		
PHONE (WORK)		
EMAIL		
NAME OF GOLF CLUB (if applicable)		
HANDICAP INDEX (if applicable)		
If no affiliation, AVERAGE SCORE		

*** If you have a third, fourth, or fifth player, please fill out their player information on page 2 of this registration form.***

Sponsorship & Entry Levels:

- Friend of the Founders
(includes 5 golfers) \$5,000
- Diamond (includes 4 golfers) \$4,000
- Platinum (includes 3 golfers) \$3,000
- Gold (includes 2 golfers) \$2,000
- Silver (includes 1 golfer) \$1,000
- Donation _____

*Each team may include up to 5 golfers. Additional entries may be added to your sponsorship (select below).

Additional Players (\$400 each):

- ONE TWO
- THREE FOUR

- Basic Entry (1 golfer) \$500
- Team Entry (5 golfers) \$2,000
- Hole-In-One Sponsorship \$1,000

Total Fees Due _____

Payment:

- Cheque Enclosed Visa
- American Express MasterCard

Card Number:

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Expiry Date: _____

3-Digit Security Code: _____

 Name on card (please print)

 Signature (required for all credit card orders)

Submit:

Thank you for supporting
 Founder's Cup Charity Classic!

Submit this form and payment
 via mail, fax or email.

Mail: P.O. Box 221
 Maple Ridge, BC V2X 7G1
 Fax: 604-467-2092

Email:
 participate@founderscup.com
 or
 sponsorship@founderscup.com

Sponsors:

- Use logo from 2016
 - New logo to be provided
- Please email your hi-res corporate logo to:
 sponsorship@founderscup.com

If you have entered a third, fourth, or fifth player, please complete the information below.

Player #1 Name: _____

Player #2 Name: _____

Player Entry:

PLAYER 3

PLAYER 4

	PLAYER 3	PLAYER 4
NAME		
COMPANY NAME		
ADDRESS		
CITY		
PROVINCE		
POSTAL CODE		
PHONE (HOME)		
PHONE (WORK)		
EMAIL		
NAME OF GOLF CLUB (if applicable)		
HANDICAP INDEX (if applicable)		
If no affiliation, AVERAGE SCORE		

PLAYER 5

NAME	
COMPANY NAME	
ADDRESS	
CITY	
PROVINCE	
POSTAL CODE	
PHONE (HOME)	
PHONE (WORK)	
EMAIL	
NAME OF GOLF CLUB (if applicable)	
HANDICAP INDEX (if applicable)	
If no affiliation, AVERAGE SCORE	