



Team Application and Sponsorship Form
Please Print Clearly

In support of the Calgary Prostate Cancer Foundation, August 10 (Tuesday - Gala Evening) , 11, 12 (Wednesday & Thursday - Golf)
 Sponsorship required for each team. Please check your sponsorship level.

SPONSORSHIP LEVEL

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Platinum* \$12,500 | <input type="checkbox"/> Team \$4,500 | Also requires one of the following sponsorships: | <input type="checkbox"/> Wine \$3,000 | <input type="checkbox"/> Beverage Carts \$3,000 |
| <input type="checkbox"/> Gold* \$10,500 | <input type="checkbox"/> Gala \$6,000 | | <input type="checkbox"/> Cocktail \$3,000 | <input type="checkbox"/> Volunteers \$6,000 |
| <input type="checkbox"/> Bronze* \$6,500 | <input type="checkbox"/> Breakfast \$3,000 | | <input type="checkbox"/> Carts \$3,000 | <input type="checkbox"/> Hole \$2,000 |
| | <input type="checkbox"/> Dinner \$3,000 | | | |

Team/Company Name: _____
 Amount \$: _____ Cheque Visa
 Visa Number: _____ Expiry Date: _____
 Cardholder's Name: _____

* Includes tournament fees for 4 participants.

Captain Player Name: _____ Bus. Res.
 eMail: _____ Address: _____
 Affiliate Golf Club: _____ City: _____ Prov: _____ Postal Code: _____
 Handicap Index: _____ Phone: _____ Cell: _____

Player 2 Player Name: _____ Bus. Res.
 eMail: _____ Address: _____
 Affiliate Golf Club: _____ City: _____ Prov: _____ Postal Code: _____
 Handicap Index: _____ Phone: _____ Cell: _____

Player 3 Player Name: _____ Bus. Res.
 eMail: _____ Address: _____
 Affiliate Golf Club: _____ City: _____ Prov: _____ Postal Code: _____
 Handicap Index: _____ Phone: _____ Cell: _____

Player 4 Player Name: _____ Bus. Res.
 eMail: _____ Address: _____
 Affiliate Golf Club: _____ City: _____ Prov: _____ Postal Code: _____
 Handicap Index: _____ Phone: _____ Cell: _____

Player information due by June 1st, 2010. Teams will be selected and notified by June 15th, 2010. Registration payments due by June 15th, 2010. Please forward all payments and information to: Priddis Greens Charity Classic, c/o Rick Boyle, 260 Midvalley Dr. S.E., Calgary, AB T2X 1L9. Home 403-254-9740 Fax 403-931-3219 email: rick.boyle@shaw.ca

Preference will be given to those teams and sponsors from 2009. If the tournament is oversubscribed, teams will be selected based on the level of sponsorship. Upon acceptance of golfer's application, Handicap Factor will be verified prior to the tournament. Where Handicap Factor cannot be verified, the organizing committee reserves the right to adjust handicaps in the best interest of the tournament.

** For players without established Handicap Factors, you may access a free online handicap system at: www.mybogey.com to enter your scores. You will need to enter at least 5 scores to establish a Handicap Factor. The website will then calculate your Handicap Factor, which will be used for the tournament. If you have any question's please contact Ken Stasiewicz at Priddis Greens Golf & Country Club (phone:403-931-3316 or email: golfshop@priddisgreens.com)