



2009 Friends 4 Heart  
Charity Golf Tournament  
Benefiting  
Medical City Children's Hospital Pediatric  
Congenital Heart Program

NAME: \_\_\_\_\_

COMPANY/TEAM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I/WE WOULD LIKE TO PARTICIPATE AT THE FOLLOWING LEVEL: (PLEASE MARK)

<input type="checkbox"/> TITLE SPONSOR	\$10,000	<input type="checkbox"/> TEAM (4 PLAYERS)	\$600
<input type="checkbox"/> PRESENTING SPONSOR	\$5,000	<input type="checkbox"/> INDIVIDUAL PLAYER	\$200
<input type="checkbox"/> CORPORATE SPONSOR	\$2,000		
<input type="checkbox"/> HOLE SPONSOR	\$250		

WE ARE UNABLE TO PARTICIPATE AT THIS TIME, BUT PLEASE ACCEPT OUR DONATION OF:  
\$ \_\_\_\_\_ OR ITEM \_\_\_\_\_

METHOD OF PAYMENT:  CHECK\*  CREDIT CARD

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\*PLEASE MAKE CHECK(S) PAYABLE TO: FRIENDS 4 HEART

ANY QUESTIONS? PLEASE CONTACT SCOTT AND TRACY PRICE AT 972-691-5980 OR  
[STPRICE3@VERIZON.NET](mailto:STPRICE3@VERIZON.NET) OR VISIT OUR WEBSITE AT [WWW.FRIENDS4HEART.ORG](http://WWW.FRIENDS4HEART.ORG).

PLEASE RETURN THIS FORM TO:  
FRIENDS 4 HEART  
TRACY PRICE  
3712 KINROSS COURT  
FLOWER MOUND, TX 75028