



*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)	\$750
<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.*

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