



2018 COMMITMENT FORM



Sponsor / Golf Participation:

- Presenting - \$14,000 (\$11,456 tax deductible)
- Premier - \$9,000 (\$7,092 tax deductible)
- Birdie- \$3,000 (\$1,728 tax deductible)
- Bogey Twosome - \$1,300 (\$664 tax deductible)
- Hole - \$300 (\$300 tax deductible)
- Evening Reception Ticket - \$50 (\$20 tax deductible)
- Match - \$6,000 (\$4,092 tax deductible)
- Par - \$2,000 (\$1,364 tax deductible)
- Individual Golfer - \$650 (\$332 tax deductible)
- Bar/Beverage Cart- \$3,000 (\$3,000 tax deductible)

PAY ONLINE AT www.fourballgolf2018.eventscff.org

Day-Of Contest - Option to pre-pay for you and your golf group for a faster check-in

SuperTicket Package (participation in Hole-In-One contests)

\$25 per golfer, Quantity _____ x \$25 = \$ _____

Names of golfers in golfer group for Super Ticket _____

(Please note this is a contest and therefore is not tax deductible)

Sponsor / Golf Group Leader Contact Information:

Name *(as it should be listed in printed materials)* _____

Company *(as it should be listed in printed materials)* _____

Address _____ City, State, Zip _____

Daytime Phone _____ Fax _____

E-mail Address _____

Method of Payment:

- I have completed payment online (<https://fourballgolf2018.eventscff.org>)
- Enclosed is my check (payable to Cystic Fibrosis Foundation)
- Please send invoice
- Please charge my (circle one): MasterCard VISA Discover American Express

Name on Card _____

Card Number _____ Expiration Date _____

Signature _____ Amount to Charge _____

** This signature authorizes the Cystic Fibrosis Foundation to charge the credit card number above the stated and agreed upon amount.

** The credit card information on the bottom of this form will be securely destroyed immediately after processing



Please return completed form (w/payment) to:

Cystic Fibrosis Foundation
Attn: Four Ball Golf 2018
400 S Executive Drive, Suite 109
Brookfield, WI 53005



For more info, please contact Lisa Fero at:

Phone: (262) 798-2060
Email: lfero@cff.org

PLEASE FILL OUT ONE FORM FOR EACH GOLFER PER GOLFER GROUP



CONTACT INFORMATION:

Name _____

Company _____

Address _____

City, State, Zip _____

Preferred Phone _____ Fax _____

E-mail Address _____

Handicap _____

Golfer Twosome Partner Name _____

Is this part of a sponsorship? If so, please state company _____



For more information, please contact the
Event Director, Lisa Fero at
(262) 798 - 2060 or lfero@cff.org