



# The 2011 Olds College Fall Golf Classic

Sponsorship and Registration Form • September 14 • 9:00 am Golfer Registration

**PLEASE COMPLETE THE FOLLOWING SPONSORSHIP AND REGISTRATION INFORMATION:**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**GOLF REGISTRATION** - Individual Entry Fee: \$250 • Team Entry: \$1,000

<b>Name</b>	<b>Name</b>
Address	Address
City                      Postal Code	City                      Postal Code
Telephone                      Handicap	Telephone                      Handicap
<b>e-mail</b>	<b>e-mail</b>

  

<b>Name</b>	<b>Name</b>
Address	Address
City                      Postal Code	City                      Postal Code
Telephone                      Handicap	Telephone                      Handicap
<b>e-mail</b>	<b>e-mail</b>

**SPONSORSHIP / SILENT AUCTION DONATION**

- |                                                   |                                              |                                                        |
|---------------------------------------------------|----------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Tournament Title Sponsor | <input type="checkbox"/> Hole-In-One Sponsor | <input type="checkbox"/> Bronze Sponsor                |
| <input type="checkbox"/> Gold Sponsor             | <input type="checkbox"/> Silver Sponsor      | <input type="checkbox"/> Contest & Team Prize Sponsors |

**SILENT AUCTION DONATION**

**YES**, I would like to make a Silent Auction Donation (please complete the following information):

Item Description	Retail Value

- YES**, we will deliver the above item(s) to Olds College Office of Advancement by Friday, September 3rd, 2011.
- Please arrange to have the above item(s) picked up at the following address:

\_\_\_\_\_



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**AMOUNT OWING**

**SUBTOTAL**

Sponsorship ----- \$ \_\_\_\_\_

Individual Entry Fee: \$250 • Team Entry: \$1,000 ----- \$ \_\_\_\_\_

**Total Amount Owning** ----- \$ \_\_\_\_\_

**METHOD OF PAYMENT**

Master Card       Visa      Credit Card #: \_\_\_\_\_

Signature: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cheque Enclosed (payable to Olds College)

*\*Note: All items will be receipted according to Canada Revenue Agency guidelines.*

**FOR OFFICE USE ONLY**

Date Receipt Issued: \_\_\_\_\_ Receipt Amount: \_\_\_\_\_

Charitable #: \_\_\_\_\_ Non-Charitable #: \_\_\_\_\_

Charitable Registration #BN 10779 4158 RR0001

**CANCELLATION POLICY:** No refunds will be issued after August 27, 2011

**For more information please contact:**

Doreen Thibeault, Database Coordinator  
 Office of Advancement  
 4500 – 50th Street  
 Olds, Alberta T4H 1R6  
 Tel: 403-556-8232 Fax: 403-556-4704  
 Toll Free: 1-800-661-6537

***Olds College Thanks You for Your Support!***