



EST. 2012
TOURNAMENT FOR PLAY
 CHILDREN'S MUSEUM OF ATLANTA



Peachtree Golf Club | August 27, 2018 Registration Form

**Foursomes and sponsorships are available on a first-come, first-served basis.
 This event sells out quickly!**

- ____(qty) **Foursome: \$4,500**
 Includes 4 golfers, range time, breakfast, lunch, tee gift, and awards ceremony and cocktail reception
- ____(qty) **Foursome with 4 player bundles: \$4,900**
 Includes 4 golfers, range time, breakfast, lunch, tee gift, 1 raffle ticket per player, 2 mulligans per player, and 1 poker game entry per player and awards ceremony and cocktail reception

Additional Add-Ons:

- ____(qty) **Player Bundle: \$100 (limit one bundle per player)**
 Includes 1 raffle ticket, 2 mulligans, and 1 poker game entry
- ____(qty) **Golf Hole Sponsorship Sign: \$250** (text only) : _____
sign provided at tee box

Other ways to support the Tournament:

- ____ **Golf Hole Sponsorship Only: \$500**(text only) : _____
sign provided at tee box
- ____ **Donation \$** _____ Direct contribution to Children's Museum of Atlanta
- ____ **Corporate Sponsorship Level Name** _____ **Amount \$** _____

Golf Tournament Total \$ _____

Registrant Info:

Please mark one: Company Individual Registrant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Primary Contact Name: _____ Email: _____

Method of Payment:

Payment must be received no later than June 1, or foursome will be released.

- Check Enclosed -made payable to Children's Museum of Atlanta
- AmEx Visa MasterCard Card #: _____ Exp: ____/____ CSV: _____

Name on Card: _____ Signature: _____



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Presented by:



Team Name: _____

Foursome Players:

Name:	Email:	Handicap:	Vegetarian Lunch:
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No

Questions & Museum Information:

Please contact Laura Halad, Manager of Donor Engagement, with questions. Complete and submit this form by using one of the methods below:

Mail: Children's Museum of Atlanta
275 Centennial Olympic Park Drive NW
Atlanta, GA 30313-1827

Email: lhalad@childrensmuseumatlanta.org
Phone: 404.527.5908
Fax: 404.223.3675

Proceeds support Children's Museum of Atlanta, a 501(c)3 organization.
Our Tax ID number is 58-1785484.