

**DME EXCHANGE CHARITY GOLF CLASSIC
2017 – REGISTRATION**

Presenting Sponsor: \$7500 (4 teams)
Platinum Sponsor: \$5000 (3 teams)
Gold Sponsor: \$3500 (2 teams)
Silver Sponsor: \$1500 (1 team)

Sponsor Level: _____
Sponsor Name: _____
Contact: _____
Phone #: _____
Billing Address: _____
City, State, Zip: _____

Please check one: Golf ___ Donation Only ___ Cash ___ Check ___ VISA ___ MC ___

Name as it appears on credit card: _____
Amount \$: _____
Account Number: _____
Expiration Date: _____
Security Code: _____

Sponsor/Players

1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____

9. _____
10. _____
11. _____
12. _____

Must have address if you desire IRS letter

Make checks payable: DME Exchange of Dallas
Turn in to CCCC Pro Shop or Mail to: 12015 Shiloh Road, Suite 130, Dallas, Tx 75228

Website registration as well: www.dfwdmeexchange.org

INDIVIDUAL PLAYER SIGN UP

Name: _____
Phone #: _____
Billing Address: _____
City, State, Zip: _____
e-mail: _____

Please check one: Golf ___ Donate Only _____
Cash: _____ Check: _____ VISA _____ MC _____

Name as it appears on credit card:

*Amount \$: _____
Expiration Date: _____
Security Code: _____

Must have address if you desire IRS letter

*If paying for multiple players, please include a list of names:

Name: _____
Name: _____
Name: _____

I request to be paired with:

Name: _____
Name: _____
Name: _____

Must have address if you desire IRS letter

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