

Event Registration

Please join us in supporting Joshua's Foundation:

Golf Participant(s): \$700.00 per team () x \$175.00 = \$ _____
Tee Box Hole Sponsorship(s): () x \$250.00 = \$ _____
Pin Flag Sponsorship(s): () x \$500.00 = \$ _____
Tee box Sponsorship and 4 Player Team: () x \$900.00 = \$ _____
Pin Flag Sponsorship and 4 Player Team: () x \$1100.00 = \$ _____
Tee box, Pin Flag and 4 player team: () x \$1200.00 = \$ _____

Total amount enclosed \$ _____

(Two person teams are welcome and will be paired up)

Information:

Player #1 _____ Shirt size _____

Company _____

Street address _____

City _____ State _____ Zip _____

Phone # (____) _____ Email _____

Please list all the players who will complete your team:

Player #2 _____ Phone # _____ Shirt Size _____

Player #3 _____ Phone # _____ Shirt Size _____

Player #4 _____ Phone # _____ Shirt Size _____

Please include any sponsorship names and logos with entry form

_____ Enclosed is a check for the total amount listed above.

_____ Please bill my credit card and use the name and address above.

Name as it appears on card: _____

Card type: _____ Expiration _____ CCV _____

Card number: _____

Card Holders Signature _____

Please return by September 9th, 2019 to ensure your reservation.

For question please call Blake Collingsworth at 402.730.5838



Make Checks Payable to:
JCMF

8445 Executive Woods Dr. Lincoln, NE 68512

Email: blake@joshuamemorial.org

