

# 2019 REGISTRATION FORM

## PLEASE FILL OUT AND RETURN TO:

Midlands Community Foundation  
217 North Jefferson Street  
Papillion, NE 68046

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## PLEASE PRINT

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

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

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

Golfer 1 (Team Captain): \_\_\_\_\_

Golfer 2: \_\_\_\_\_

Golfer 3: \_\_\_\_\_

Golfer 4: \_\_\_\_\_

## YES, I WANT TO PARTICIPATE IN:

\_\_\_\_\_ DOUBLE EAGLE SPONSOR \$1,500

\_\_\_\_\_ EAGLE SPONSOR \$850

\_\_\_\_\_ Beverage/Golf Carts

\_\_\_\_\_ Pin Prize Sheets/Prize Flags

\_\_\_\_\_ Scorecard

\_\_\_\_\_ BIRDIE SPONSOR \$650

\_\_\_\_\_ MEAL SPONSOR \$250

\_\_\_\_\_ TEE BOX SPONSOR \$150

\_\_\_\_\_ SINGLE SLOT \$135

\_\_\_\_\_ DONATION \$ \_\_\_\_\_

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## PAYMENT METHOD

Check payable to: *Midlands Community Foundation.*

\_\_\_\_\_ Please send an invoice for the total.

Bill my credit card: \$ \_\_\_\_\_

Name on the card: \_\_\_\_\_

Card #: \_\_\_\_\_

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

Zip: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CSV: \_\_\_\_\_