

GOLF TOURNAMENT & COCKTAIL PARTY

ENTRY FORM

12:00 Noon Shotgun Start

Be sure to circle your shirt size.

Player Name _____

Address _____

City/State/Zip _____

Phone _____

Circle Shirt Size: XXX XX XL L M S

Player Name _____

Address _____

City/State/Zip _____

Phone _____

Circle Shirt Size: XXX XX XL L M S

Player Name _____

Address _____

City/State/Zip _____

Phone _____

Circle Shirt Size: XXX XX XL L M S

Player Name _____

Address _____

City/State/Zip _____

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Player Name _____

Address _____

City/State/Zip _____

Phone _____

Circle Shirt Size: XXX XX XL L M S

Player Name _____

Address _____

City/State/Zip _____

Phone _____

Circle Shirt Size: XXX XX XL L M S

Non-Golfers

Name _____

Address _____

City/State/Zip _____

Phone _____

***Note:** Please have your registration completed and returned ASAP. **Only 216 spots are available.** Registration will be taken on a first come basis. **YOUR RESERVATION WILL BE CONFIRMED ONLY WHEN ENTRY FORM AND PAYMENT ARE RECEIVED.**

GOLF TOURNAMENT & COCKTAIL PARTY

SPONSOR INFORMATION

Name as you would like it to appear on Website/Signage*:

Contact Name _____

Daytime Phone _____

Circle Shirt Size: XXX XX XL L M S

**We want to show our appreciation to our sponsors on the CBS website. Please send active web link and optional image (company logo in jpeg format) or personal message for golf sponsors to foundation@cbs-no.org. Company links on CBS website will remain until May 31st. They can be viewed at www.cbs-no.org.

**DEADLINE FOR SPONSOR RECOGNITION
IS TUESDAY, APRIL 5, 2011**

Sponsorship Level: ___Pete's Party—\$10,000;
 ___Double Eagle—\$5,000; ___Award Party Sponsor—\$3,500;
 ___Eagle—\$2,500; ___Birdie—\$1,300; ___Falcon—\$1,000;
 ___Par—\$600; ___Hole—\$200; ___Individual Player—\$200;
 ___Non-Golfers/Cocktail Party—\$75;
 ___Drink Cart Sponsor—\$300; ___Golf Cart Sponsor—\$1,000;
 ___Putting Contest Sponsor—\$500

Amount Enclosed: \$ _____ Matching Fund: Yes _____ No _____

I will not be able to attend, however, enclosed is my donation
of \$ _____.

Make checks payable to: **“Christian Brothers Foundation”**
 #8 Friederichs Ave. – City Park
 New Orleans, LA 70124

VISA MasterCard Exp. Date _____

Name as appears on card _____

Card # _____

Signature _____

Please fill out the Entry Form (on the back) completely.

Be sure to circle your shirt size.

For additional information or forms, please call **Carol Couvillion** at the
Foundation Office.

Foundation Telephone Number:..... 488-2802

Foundation Fax Number:..... 486-1053

Foundation E-mail:..... foundation@cbs-no.org

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