



Registration Form:

Friday, April 13, 2012

Check-In: 11:00 AM Shot Gun Start: 1:00 PM

_____ Golf, box lunch & dinner: \$175 each

_____ Foursome, box lunch & dinner: \$600

_____ I am unable to attend, please accept my donation of \$_____

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE (H): _____ (C) _____

E-MAIL: _____

PLEASE CHECK FORM OF PAYMENT:

_____ CHECK ENCLOSED PAYABLE TO KIDS CANCER FOUNDATION

_____ CHARGE: _____ VISA _____ MASTERCARD _____ AMEX

ACCOUNT NUMBER: _____ EXP _____

NAME ON CARD (PLEASE PRINT) _____

**Feel free to fax this form to (561) 333-8293 or contact:

Tom Leinwol (561) 632-0341 E-mail: t.leinwol@yahoo.com

Kids Cancer Foundation: 12989 Southern Blvd., Bldg #3, Ste. 201
Loxahatchee, FL 33470

