



# TEAM APPLICATION AND SPONSORSHIP FORM Please Print Clearly

In support of the Calgary Prostate Cancer Centre | August 15th - 17th, 2017

**Sponsorship required for each team. Please check your sponsorship level.**

Form may also be completed online at [www.priddisgreens.com](http://www.priddisgreens.com) under Charity Classic tab and submitted by email.

SPONSORSHIP LEVEL		<input type="checkbox"/> Team \$4,950 <i>Also requires one of the following sponsorships:</i>			
<input type="checkbox"/> Platinum*	\$12,950	<input type="checkbox"/> Hole \$2,000	<input type="checkbox"/> Wine \$3,000	<input type="checkbox"/> Beverage Carts \$3,000	
<input type="checkbox"/> Gold*	\$9,950	<input type="checkbox"/> Breakfast \$3,000	<input type="checkbox"/> Cocktail \$3,000	<input type="checkbox"/> Gala \$6,000	
<input type="checkbox"/> Bronze*	\$6,950	<input type="checkbox"/> Dinner \$3,000	<input type="checkbox"/> Carts \$3,000	<input type="checkbox"/> Volunteers \$6,000	

Team/Company Name	
Amount \$	<input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Cheque
Card #	Exp. Date
Cardholder's Name	

\* Includes tournament fees for 4 participants.

<b>CAPTAIN</b> Name	<input type="checkbox"/> Bus. <input type="checkbox"/> Res. <input type="checkbox"/> Dietary restriction (1)	
Name	Address	
Email		
Affiliate Golf Club	Phone	Cell

<b>PLAYER 2</b> Name	<input type="checkbox"/> Bus. <input type="checkbox"/> Res. <input type="checkbox"/> Dietary restriction (1)	
Email	Address	
Affiliate Golf Club		
	Phone	Cell

<b>PLAYER 3</b> Name	<input type="checkbox"/> Bus. <input type="checkbox"/> Res. <input type="checkbox"/> Dietary restriction (1)	
Email	Address	
Affiliate Golf Club		
	Phone	Cell

<b>PLAYER 4</b> Name	<input type="checkbox"/> Bus. <input type="checkbox"/> Res. <input type="checkbox"/> Dietary restriction (1)	
Email	Address	
Affiliate Golf Club		
	Phone	Cell

Player information due by June 1st, 2017. Teams will be selected and notified by June 15th, 2017. Registration payments due by June 15th, 2017. Please forward all payments and information to: Priddis Greens Charity Classic, c/o Rick Boyle, 260 Midvalley Dr. S.E., Calgary, AB T2X 1L9. Home: 403-254-9740 Fax: 403-931-3219 email: [rick.boyle@shaw.ca](mailto:rick.boyle@shaw.ca)

Preference will be given to those teams and sponsors from 2016. If the tournament is oversubscribed, teams will be selected based on the level of sponsorship. Handicap Factor will be verified prior to the tournament. Where Handicap Factor cannot be verified, the organizing committee reserves the right to adjust handicaps in the best interest of the tournament.

For players without established Handicap Factors, it is recommended you join the Alberta Golf Public Player's Club (<http://www.albertagolf.org/membership/public-players-club/>). This virtual member golf club provides many benefits including Handicap Factor calculation. This Handicap Factor can be used for the tournament. If you have any questions please contact Ken Stasiewich at Priddis Greens Golf & Country Club (tel: 403-931-3316 or email: [golfshop@priddisgreens.com](mailto:golfshop@priddisgreens.com)).

(1) A member of the organizing committee will contact you for details and to inform the catering staff.