



10TH ANNUAL GOLF TOURNAMENT

DATE: Wednesday, June 4, 2008
TIME: Registration - 10:30 AM; Shotgun Tee Time - 12:00 PM
LOCATION: Golden Horseshoe/Green Course
ENTRY FEE: *Discounted Rate* of \$100 Per Golfer/Full Round of Golf (*Includes Cart, Dinner & Beverages*)
CUSTOM ORDERS: Box Lunch-\$10 (*must be pre-paid at time of registration*); Dinner Only- \$25 (Approximately 6:00 PM)

Net proceeds to be donated to the Williamsburg Relay For Life, Housing Partnerships, Inc. and FISH.

I cannot participate in the Tournament but would like to make a donation in the amount of: \$ _____
(Please make checks payable to WAAR)

Sponsor a Hole @ \$100.00 each

Yes, I would like to sponsor _____ hole(s) or green(s) @ \$100.00 each
 (Each hole sponsorship includes *one* complimentary meal ticket.)

Yes, I would like my hole sponsorship to be specifically for hole number(s): _____

Yes, I would like my green sponsorship to be specifically for hole number(s): _____

Exact name to be advertised on the Sponsor poster: _____
(Please Print)

Registrant / Billing Information
(Please Print)

Name: _____

Company Name: _____

Phone #: _____ Fax #: _____

Signature: _____

Total Fee(s) Enclosed: _____ Cash _____ Check (payable to WAAR) _____

Bill me: _____ YES (NOTE: There is a billing charge of \$5.00 per invoice. If pre-payment is not received prior to the event, you will be billed for the fee(s) , plus a \$5.00 billing charge per person.)

Pay by Credit Card: Visa MasterCard

Name on Card: _____ Authorized Signature: _____

Credit Card #: _____ Expiration Date: _____

	<u>Golf Team Members</u>	<u>Box Lunch</u> (<i>must be pre-paid</i>) (\$10.00)	<u>Dinner Only</u> (<i>Please print name</i>) (\$25.00)
1.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	1. _____
2.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. _____
3.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	3. _____
4.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. _____

IMPORTANT NOTE: Complimentary bag tags will be provided by Colonial Williamsburg. Please PRINT the exact name you would like on your bag tag.

Mail or fax Registration forms to:
 Williamsburg Area Association of REALTORS®
 5000 New Point Road Suite 1101
 Williamsburg, VA 23188-9418
 253-0028 ♦ 253-1559 Fax