



**1ST ANNUAL FLORIDA SOCIETY ACOFP FOUNDATION  
GOLF TOURNAMENT  
JULY 31, 2010**

**8 A.M. SHOTGUN START  
WALDORF ASTORIA GOLF CLUB**

**Tournament Info:**

***Register online at [www.acofp-fl.org](http://www.acofp-fl.org) or Fax 850-531-8344***

***Cost: \$125 per player or \$500 for a team of 4***

***For more information, contact Mary Weldon:  
850-531-8352 ext. 79 or email [mweldon@acofp-fl.org](mailto:mweldon@acofp-fl.org)***

***All proceeds will benefit Florida Society ACOFP Foundation, a 501C3 organization.***

THE FLORIDA SOCIETY ACOFP FOUNDATION PRESENTS:

# 1ST ANNUAL FSACOFP FOUNDATION GOLF TOURNAMENT

## REGISTRATION AND SPONSORSHIP FORM

### I/We wish to play GOLF - \$125 per person

Includes lunch, fees, carts and prizes

# of players \_\_\_\_\_

**Player 1 Name** \_\_\_\_\_

Golf Handicap or average score \_\_\_\_\_

Golf shirt size \_\_\_\_\_

**Player 2 Name** \_\_\_\_\_

Golf Handicap or average score \_\_\_\_\_

Golf shirt size \_\_\_\_\_

**Player 3 Name** \_\_\_\_\_

Golf Handicap or average score \_\_\_\_\_

Golf shirt size \_\_\_\_\_

**Player 4 Name** \_\_\_\_\_

Golf Handicap or average score \_\_\_\_\_

Golf shirt size \_\_\_\_\_

### I/We wish to register my TEAM - \$500 per team

Includes fees, prizes and dinner

Player 1 Name \_\_\_\_\_

Player 2 Name \_\_\_\_\_

Player 3 Name \_\_\_\_\_

Player 4 Name \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Special Requests: (i.e. I need to be on John Doe's team, I need  
vegetarian meals; etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Sponsorship Opportunities

Hole Sponsor \$100

Sponsor Name \_\_\_\_\_

Lunch Sponsor \$1,000

Sponsor Name \_\_\_\_\_

Sponsor for Longest Drive \$500

Sponsor Name \_\_\_\_\_

### Schedule of Events:

7-8 am Registration

8 am Shotgun Start

Lunch and Awards

Total amount enclosed or to be charged to credit card

\$ \_\_\_\_\_

Makes checks payable to Florida Society ACOFP Foundation,  
or pay by credit card:

Name on card \_\_\_\_\_

Type of card \_\_\_\_\_

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

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

### FOUR CONVENIENT WAYS TO REGISTER



**Fax:**  
850/531-8344



**Mail:**  
1876-B Eider Court  
Tallahassee, FL 32308



**Phone:**  
866/320-3030



**Website:**  
[www.acofp-fl.org](http://www.acofp-fl.org)