## **DRIVE FOR YOUTH GOLF OUTING REGISTRATION FORM**

Please complete and return this form by **September 17, 2021** or register on our website at **www.fsabc.org/golf**.

Name			Company/Organization			
Address						
City			State		Zip	
Phone			Em	ail		
GOLF OPTIONS			SPONSORSHIP LEVELS			
<b>\$</b> 350	Individual Golfer	Qty		<b>\$10,000</b>	Children's Greatest Needs	
<b>\$1,400</b>	Foursome	Qty		□ \$5,000	Child Abuse Prevention	
□ \$400	Golfer with Birdie	Qty		□ \$2,500	Suicide Prevention	
<b>\$</b> 440	Golfer with Works	Qty		<b>\$1,000</b>	Families in Recovery	
Name(s) of Golfer(s)				□ \$500	Child Counseling	
				□ \$250	Food Pantry	
				PROGRAM	A ADVERTISEMENTS	
				□ \$1,000	Inside Cover	
				□ \$750	Full Page	
				□ \$500	Half Page	
				□ \$250	Quarter Page	
DONATIO	ON			For logos, to	ee signs and program ads,	
$lue{}$ I regret that I cannot attend; however,				please email full color, high res PDF or		
I am enclosing a tax deductible gift of				JPEG artwork to nbedesem@fsabc.org		
\$				by September 17 <sup>th</sup> . Thank you.		
TOTAL P	AYMENT \$					
	payable to Family S		no:	 golf outing)		
☐ Credit	Card (circle one)	Visa	Ma	asterCard	Amex	
Name on ca	ard				Expiration	
Card number					Security code	
Signature						

The official registration and financial information of Family Service Association of Bucks County may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.