

The Tee It Up! Golf Tournament

Monday, Oct 2, 2017 at HOLSTON HILLS COUNTRY CLUB

Individual Registration - \$1000/ Team - \$250/Player

• Participant Information

Name: _____
Company name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
E-mail: _____

Please list the names of other team members and the primary contact for your team.

Name	

Payment:

- Check # _____ enclosed. Please bill me. Charge to my ___ Visa ___ Master Card ___ Amex ___ Discover
 I cannot attend, but please accept my tax-deductible gift of \$ _____ .

Please make checks payable to: Cerebral Palsy Center

Card # _____ Sec. Code _____ Exp. Date _____

Name on Card _____ Signature _____

Address for Card _____

Forms may be mailed to:

Tracey Bise
c/o Cerebral Palsy Center
241 E Woodland Ave
Knoxville, TN 379217

For more information, please contact:

Mike Smith
(865)250-1215
irish100@chatertn .net



CEREBRAL PALSY CENTER

241 East Woodland Ave. • Knoxville, TN 37917 • (865) 523-0491
www.cpccenter.org