



PETER "THE GREEK" SCOURAS MEMORIAL GOLF TOURNAMENT

GOLFER/SPONSOR REGISTRATION FORM

Contact Person: _____ Phone #: _____

Company Name: _____

E-mail: _____ Fax #: _____

Address: _____

PETER "THE GREEK" SCOURAS MEMORIAL GOLF TOURNAMENT SPONSORSHIP LEVEL:

Title & Dinner Sponsor \$3500 Cart Sponsor \$2500

Hole Sponsor \$2000 Water Bottle Sponsor \$1500

Wine Sponsor \$2000 Putting Contest Sponsor \$1000

Prize Sponsor

GOLFER INFORMATION:

Name: _____ Phone#: _____

Address: _____ E-mail: _____

Name: _____ Phone#: _____

Address: _____ E-mail: _____

Name: _____ Phone#: _____

Address: _____ E-mail: _____

Name: _____ Phone#: _____

Address: _____ E-mail: _____



PETER "THE GREEK" SCOURAS MEMORIAL GOLF TOURNAMENT

Please make all cheques payable to: Peter Scouras Memorial Fund.

-OR-

**To Pay by Mastercard or Visa, please fill out the following
Credit Card Authorization Form:**

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ Prov: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ____/____/____

Security Code: _____