



**SCOTT BANKE MEMORIAL GOLF
TOURNAMENT REGISTRATION FORM**

Name: _____
 Address: _____
 City : _____
 State, Zip: _____
 Phone: _____
 E-Mail: _____

GOLF

Basic Player Package: \$140 _____
 Premium Player Package: \$275 _____

Golfing partner (s) preference:

1. _____
2. _____
3. _____

SHIRT SIZE:

Circle your Shirt Size: S M L XL XXL

DINNER:

Additional Dinner Reservations: \$25 each

Total Reservations: _____

Lunch & Dinner is included in Golf Fee

PLEASE MAKE CHECKS PAYABLE TO:

"See Ya Later" Foundation
 P.O. Box 1281
 McMinnville, OR 97128

CREDIT CARD INFORMATION

Name on Card _____
 Card # _____
 Exp. Date _____ Security Code _____
 Signature _____

SPONSOR LEVELS

Corporate Sponsor	\$5,000	_____
Gold Sponsor	\$1,200	_____
Silver Sponsor	\$600	_____
Bronze Sponsor	\$300	_____
Tournament Friends	\$100	_____
Dinner Sponsor	\$5,000	_____
Program Sponsor	\$1,500	_____
Lunch Sponsor	\$1,000	_____
Balloon Sponsor	\$500	_____

What Name Would You Like Represented

AUCTION ITEMS PROVIDED: _____

WHERE DID YOU HEAR ABOUT THE TOURNAMENT?

