

## Barry Joyce Kicking Cancer Challenge - Registration Form

All donations are tax-deductible and greatly appreciated. Please return all responses by Sept 10, 2010. Don't forget, since our Fund is a 501(c)(3) corporation, ask you HR or benefits representative if your company will match your donation!

Fields marked with an asterisk(\*) are required.

Contact Name*	
Phone Number*	
Address*	
Email Address*	
Company Name (if applicable)	
Sponsorship Package Desired (if applicable)	

Matching Company Donation (if applicable)	\$
Entry Fee (\$100 per participant/sponsorship package)	\$
Circle of Friends Markers (\$5 each)	\$
Pig Pickin' Guests (\$10 each)	\$
<b>TOTAL AMOUNT ENCLOSED</b>	<b>\$</b>

Please list below the members of your team, phone numbers and handicap.

Name		Phone		Handicap	
Name		Phone		Handicap	
Name		Phone		Handicap	
Name		Phone		Handicap	

\*FIELD WILL BE LIMITED to the first 36 paid teams so get your application in early!!

\*Players must pay in advance to guarantee their space.

**Additional Donation Information**

I cannot participate in this year’s tournament, but please accept my donation of \$\_\_\_\_\_ to help local cancer patients.

For more information, please call 336.337.8605 or email [HYPERLINK "mailto:info@bljcancerfund.org" info@bljcancerfund.org](mailto:info@bljcancerfund.org)

### Join The Circle of Friends

To honor friends and family who have bravely battled cancer, you can purchase a marker with their name that will be displayed as part of the Circle of Friends at the tournament! Markers are \$5 each and should be ordered before the event.

Please reserve \_\_\_\_\_ Circle of Friends markers for me.

My marker(s) is in honor/memory of:

Honor		Memory		Name	
Honor		Memory		Name	

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