

REGISTRATION

Please complete both sides and return in the enclosed postage-paid envelope. Your gift supports the Seton Kids Care-a-Van and the Children's Healthcare Endowment for Seton Highland Lakes Hospital.*

2017 SPONSORSHIP OPPORTUNITIES

- Corporate Sponsor • \$10,000
- Title Sponsor • \$5,000
- Champion Sponsor • \$2,500
- Grand Master Sponsor • \$1,000
- I am unable to participate but would like to make a tax deductible gift of \$_____.
- Tailgate Party Table Sponsor • \$400/Reserved Table for 8
- Tailgate Party Ticket • \$50 per person
- Golf • \$125/individual, \$500/foursome

PAYMENT INFORMATION

PLEASE INDICATE IF THIS IS A **BUSINESS GIFT** _____ OR **PERSONAL GIFT** _____

NAME _____

ADDRESS _____

CITY|STATE|ZIP _____

PHONE _____

EMAIL _____

- ENCLOSED IS MY CHECK FOR \$ _____

Please make check payable to the Highland Lakes Associates.

- PLEASE CHARGE MY CREDIT CARD \$ _____

VISA

MASTERCARD

AMERICAN EXPRESS

DISCOVER

NAME ON CARD _____

CARD NUMBER _____

CCV/SECURITY CODE: _____

SIGNATURE _____

EXPIRATION DATE _____

For more information on the tax-deductible portion of your contribution, contact Becky Fox at Seton Highland Lakes Hospital at bfox@seton.org or (512) 715-3367.

If you prefer not to receive Seton Highland Lakes Hospital fundraising material, please notify Becky Fox, PO Box 1219, Burnet, TX 78611 or email bfox@seton.org; or call 512-715-3367. Please allow four weeks to process your request.

Tailgate Party fair market value: \$20/person. Golf Tournament fair market value: \$40/person.

* 50% of proceeds will go to the Seton Kids Care-a-Van operations and 50% will go to the Children's Healthcare Endowment for Seton Highland Lakes Hospital.

EMORY BELLARD-SPIKE DYKES MEMORIAL KIDS CARE-A-VAN GOLF CLASSIC

"A hundred years from now it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove, but the world may be different because I was important in the life of a child."

REGISTRATION

Please mark your team's preferred tee time. Your request will be filled in order of receipt.
If you have no preference, afternoon round will be filled first.

- 8:00 a.m. Morning Shotgun Start (30 teams)
- 1:30 p.m. Afternoon Shotgun Start (30 teams)

PLEASE HAVE YOUR NAME ON YOUR GOLF BAG BEFORE ARRIVING TO PLAY.

Player 1

NAME	HANDICAP
COMPANY	
MAILING ADDRESS	
CITY/STATE/ZIP	
PHONE	EMAIL

Player 2

NAME	HANDICAP
COMPANY	
MAILING ADDRESS	
CITY/STATE/ZIP	
PHONE	EMAIL

Player 3

NAME	HANDICAP
COMPANY	
MAILING ADDRESS	
CITY/STATE/ZIP	
PHONE	EMAIL

Player 4

NAME	HANDICAP
COMPANY	
MAILING ADDRESS	
CITY/STATE/ZIP	
PHONE	EMAIL