

# TEE'D OFF

## AT BREAST CANCER

# GOLF TOURNAMENT

Monday, July 29, 2024 • MIDVALE COUNTRY CLUB

- 18 holes of golf with cart
- Staggered tee times beginning at 7:30am
- Tee times assigned in advance
- Driving Range
- Snacks and beverages
- Scramble format
- Breakfast (AM tee times)
- Lunch
- Cocktail Reception
- Online silent auction
- Raffle prizes

### 2024 GOLFER and/or COCKTAIL RECEPTION REGISTRATION FORM

Company/Team Name: \_\_\_\_\_ Contact (First & Last Name): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**GOLFERS:** please indicate your participation level and amount you are enclosing, and return this form with payment

Individual Golfer, \$180       Foursome, \$720       Cocktail Reception only, \$40

Preferred Tee Time: \_\_\_AM (between 7:30 and 9:30am) \_\_\_PM (between 12:10 and 2:10pm)

If possible, I'd like this specific tee time: \_\_\_\_\_

I would like to donate a silent auction item.

I am unable to participate but would like to make a donation of: \$\_\_\_\_\_

I am not golfing, but will attend the cocktail reception at 5pm.

**Golfer Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I will attend cocktail reception at 5pm

**Golfer Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I will attend cocktail reception at 5pm

**Golfer Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I will attend cocktail reception at 5pm

**Golfer Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I will attend cocktail reception at 5pm

**PAYMENT:**  CASH     CHECK (to: Breast Cancer Coalition)     AMERICAN EXPRESS     MASTERCARD     VISA     DISCOVER

Total Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_ CSV: \_\_\_\_\_

\* Please return this form to the Breast Cancer Coalition, 1048 University Ave, Rochester, NY 14607 or fax to 585-473-7689 no later than July 22, 2024. For more information, please contact us at (585) 473-8177, Meredith@BreastCancerCoalition.org or www.BreastCancerCoalition.org