

# Registration Form

Kindly submit by Friday, April 3, 2020.



Name: \_\_\_\_\_

*Please print name exactly as you would like it to appear on event publications.*

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

*Please select all that apply.*

- |  |          |  |         |
|--|----------|--|---------|
| <input type="checkbox"/> Title Sponsor     | \$20,000 | <input type="checkbox"/> Beverage Cart Sponsor | \$2,500 |
| <input type="checkbox"/> Ace Sponsor       | \$10,000 | <input type="checkbox"/> Tee/Green Sponsor     | \$500   |
| <input type="checkbox"/> Cart Sponsor      | \$6,500  | <input type="checkbox"/> Challenge Sponsor     | \$500+  |
| <input type="checkbox"/> Eagle Sponsor     | \$5,000  | <input type="checkbox"/> Caddie Sponsor        | In-Kind |
| <input type="checkbox"/> Birdie Sponsor    | \$1,250  | <input type="checkbox"/> Foursome              | \$3,000 |
| <input type="checkbox"/> 19th Hole Sponsor | \$4,000  | <input type="checkbox"/> Individual Player     | \$750   |

Names of players in foursome with shirt size.

1. \_\_\_\_\_ Shirt Size \_\_\_\_\_
2. \_\_\_\_\_ Shirt Size \_\_\_\_\_
3. \_\_\_\_\_ Shirt Size \_\_\_\_\_
4. \_\_\_\_\_ Shirt Size \_\_\_\_\_

## Payment Options

- Check       Credit Card       Visa       MasterCard       AMEX

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

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

Cardholder Signature: \_\_\_\_\_

**For additional information, please contact:**

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**Kelly Bustin:** Executive Director, ART International, [kbreeding@artherapyintl.org](mailto:kbreeding@artherapyintl.org) – 813.435.1374

**Please submit this completed form to [pthompson@artherapyintl.com](mailto:pthompson@artherapyintl.com) or mail to:  
ART International Training & Research - 1511 N. Westshore Blvd., Suite 750 - Tampa, FL 33607**