

# Registration/Sponsorship Form

To register by check, mail this form, along with total fee owed to:

Shari Renda  
25748 Wood Creek Rd.  
Perrysburg, OH 43551

Please make checks payable to: Heroes Unforgotten

To register & pay by credit card, you must complete this form online.

Go to <http://www.HeroesUnforgotten.com>

**\* Please complete all you are interested in**

SPONSORSHIP	#	TOTAL
<b>Golfers:</b>		
Individual Golfer - \$85.00	X _____	= \$ _____
Twosome - \$170.00	X _____	= \$ _____
Foursome - \$340.00	X _____	= \$ _____
<b>Non-Golfer:</b>		
	X _____	= \$ _____
<b>Sponsors:</b>		
The General - \$3,000.00	X _____	= \$ _____
The Colonel - \$2,000.00	X _____	= \$ _____
The Major - \$1,000.00	X _____	= \$ _____
The Captain - \$ 500.00	X _____	= \$ _____
Longest Drive - \$ 350.00	X _____	= \$ _____
Closest To Pin - \$ 350.00	X _____	= \$ _____
Longest Putt - \$ 350.00	X _____	= \$ _____
Hole Sponsor - \$ 150.00	X _____	= \$ _____
<b>Wounded Warrior Sponsor:</b>		
Sponsor A Warrior to Play in our Event @ \$85.00/ea	X _____	= \$ _____
<b>Make A Donation (please enter your desired donation amount):</b>		\$ _____
<b>TOTAL AMOUNT DUE</b>		<b>\$ _____</b>

**\* Denotes a mandatory field**

\* Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ Dr. \_\_\_\_\_

\* First Name \_\_\_\_\_ \* Last Name \_\_\_\_\_

\* Title \_\_\_\_\_ \* Company/Organization \_\_\_\_\_

\* Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip \_\_\_\_\_

\* Phone \_\_\_\_\_ \* Email \_\_\_\_\_

\* Website \_\_\_\_\_

**Sponsor Information**

Please provide us with any information you would like us to use the day of the event (use reverse side if necessary).