

16th Annual CharityWorks® Cup Challenge Thursday, November 15, 2018 • 12:30 pm Shotgun • Belleair Country Club

Registration Form for Foursome and Individual Golfer

Entry fee includes greens fees, range balls, lunch, buffet dinner, team photo, and other gifts. Each Foursome receives four additional dinner tickets. **Check:** \Box Foursome \Box Individual Player

Player #1:			Date & Time: Thursday, November 15, 2018	
Company Name:			12:30 pm Shotgun Team Scramble	
Address:			Registration begins at 11:30 am	In the state of
City:	State:	Zip:	Place: Belleair Country Club, West Course	and she the
Email:			One Country Club Lane	
Phone:	Handicap:		Belleair, FL 33756	
Player #2:			Amount:	
Company Name:			□ \$1,100 for Foursome	NA A
Address:		□ \$300 for Individual Player		
City:	State:	Zip:	Super Ticket - \$40. Includes one entry to	William
Email:			participate in the putting contest and raffle.	1 sector
Phone:	Handicap:		Number of tickets () x \$40 Each = \$	
Player #3:			Method of Payment:	Z
Company Name:				The second second
Address:			Charity Works, Inc. c/o Cup Challenge	A
City:	State:	Zip:	635 Court Street, Suite 130	Charity Works Tampa Bay Championship Cup
Email:			Clearwater, FL 33756	TOPPENS
Phone:	Handicap:		□ Send an Invoice	wed o Hrise Assess Iven Iven Iven Dave Stokely Be
Player #4:			Call (727) 447-2064 for Credit Card Processing	
Company Name:			0	
Address:			A COPY OF THE OFFICIAL REGISTRATION (#CH8583) AI FINANCIAL INFORMATION MAY BE OBTAINED FROM T	
City:	State:	Zip:	DIVISION OF CONSUMER SERVICES BY CAI	-
Email:			FREE (I 800 435 7352) WITHIN THE STATE. R	EGISTRATION
Phone:	Handicap:		DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR	
For details on sponsorship opportunities, visit www.charityworks.org			RECOMMENDATION BY THE STATE. THIS O RECEIVES 100% OF ALL CONTRIBUTIONS. F	

SPONSORS







59-3384413

Charity Works, Inc. 635 Court Street, Suite 130 • Clearwater, FL 33756-5512 Phone: (727) 447-2064 • Fax: (727) 447-1892 • www.charityworks.org