



**Monday, April 22, 2024**  
12:30 PM Shotgun • Clearwater Country Club

# Sponsor Registration Form for Golfers

**Team # \_\_\_\_\_ Sponsor's Name: \_\_\_\_\_**

Player #1 \_\_\_\_\_ Handicap \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Preferred Mailing Address [ ] Office [ ] Home  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Player #3 \_\_\_\_\_ Handicap \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Preferred Mailing Address [ ] Office [ ] Home  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Player #2 \_\_\_\_\_ Handicap \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Preferred Mailing Address [ ] Office [ ] Home  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Player #4 \_\_\_\_\_ Handicap \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Preferred Mailing Address [ ] Office [ ] Home  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Please fill out a form for each team.)

## Advance Purchase of Super Tickets

\$40 per ticket includes entry in putting contest, raffle and two mulligans.

Number of Tickets [\_\_\_\_] X \$40 each = \$\_\_\_\_\_ Total Amount

## Method of Payment:

- ☐ Check Enclosed (Payable To: Charity Works, Inc.)  
☐ Mail or Email an Invoice  
☐ Credit Card, Call (727) 447-2064

Super Tickets available at course on tournament day.

Cause: Net proceeds benefit the homeless and students in Title I schools in the Tampa area.

The sponsor of the winning team will be awarded the Tampa Bay CharityWorks® Championship Cup



## SPONSORS

