



11<sup>th</sup> Annual Carrabba's Charity Golf Classic  
Sponsor Registration Form

**Please check one:**

- Platinum - Copperhead \$7,000
- Platinum - Island \$6,000
- Gold - Island \$5,000
- Silver - Island \$3,100
- Bronze - Island \$1,350
- Individual - Island \$600

**Sponsor Information:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Ph: \_\_\_\_\_ E-Mail \_\_\_\_\_

**Please complete and mail your registration form with a check to:**

*Children's Cancer Center 4901 W Cypress St. Tampa, FL 33607 PH: 813.367.5437 x2 FX: 813.367.3865  
For credit card payment, please call Patty Zipter @ 813.367.5437*

Golfer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

---

Golfer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

---

Golfer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

---

Golfer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

---

Golfer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_