



September 29th , 2009 – The River Club

Team/Company Name: _____

Primary Team Contact

Name: _____

Survivor: Y / N

Address: _____

Phone: _____

Index: _____

E-mail address: _____

Shirt Size: (Circle One) S M L XL XXL

Name: _____

Survivor: Y / N

Address: _____

Phone: _____

Index: _____

E-mail address: _____

Shirt Size: (Circle One) S M L XL XXL

Name: _____

Survivor: Y / N

Address: _____

Phone: _____

Index: _____

E-mail address: _____

Shirt Size: (Circle One) S M L XL XXL

Name: _____

Survivor: Y / N

Address: _____

Phone: _____

Index: _____

E-mail address: _____

Shirt Size: (Circle One) S M L XL XXL

To reserve your team, complete this form,
& return by **September, 23rd , 2009** to:

Kevin McQuilken
Kevin.McQuilken@cancer.org
American Cancer Society
6500 Sugarloaf Parkway, Suite 260
Duluth, Georgia 30097
Phone: 770-814-0123 Fax: 770/814.9517

Please check your 2009 sponsorship level:

- ___ **\$7,500** Presenting Sponsor
- ___ **\$5,000** Platinum Sponsor
- ___ **\$2,500** Diamond Sponsor
- ___ **\$1,200** Pink Team Sponsor
- ___ **\$500** Contest Hole Sponsor
- ___ **\$250** Tee'd Off Sponsor
- ___ **\$25** Tribute Sponsor

Payment Type (Please Circle One): **Check** **Visa** **MasterCard** **Amex**

(Please make all checks out to: American Cancer Society)

CC #: _____

Expiration date: _____

Name on card: _____

Billing Address: _____ **Phone #:** _____