



The 5th Annual VPPPA Region VII Scholarship Golf Tournament

May 7, 2012
The Legacy Golf Club
Norwalk, IA



Please complete the registration form including signature and payment information. Use one registration form per person. This form may be copied for additional registrations. Registrations will not be processed without full payment and registrant's full name. See Registration Policies and Procedures for more information. VPPPA Tax ID# 54-1598954.

Please write legibly.

Primary Company Sponsor _____
Address _____
City _____ State _____ Zip _____
E-Mail Address _____
Daytime Phone _____

Golfer Name:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

YES I would like to play but need help with a team

\$75.00 per player or \$300.00 per team

We hope you will be able to select one of the sponsorship contribution options.

YES I would like to Sponsor

- \$400.00 **Master Sponsor – 4 Golfers 2 Tee Signs**
- \$125.00 **Hole Sponsor – 1 Golfer 1 Tee Sign**
- \$200.00 **Open Sponsor – 2 Golfers 1 Tee Sign**
- \$50.00 **Tee Sponsor – 1 Tee Sign**

Method of Payment

Total Payment \$ _____

Check enclosed: Check # _____
(Payable to VPPPA, Inc.)

Visa Master Card American Express

Expiration Date: _____

Cardholder's Name: _____
(exactly as it appears on card)

Signature: _____

By submitting this registration form, the registrant releases any photographs that may be incidentally taken of them by VPPPA during these events to be used for any purpose.

Check Payments: VPPPA Region VII, PO Box 10677, Cedar Rapids, IA 52410-0677.

Credit Card Payments: VPPPA, Inc., 7600-E Leesburg Pike, Suite 100, Falls Church, VA 22043-2004; or fax: (703) 761-2194 or (703) 761-1148.

Please return your form with payment: