

Spiritual Care Collaborative Golf Outing

a benefit supporting professional pastoral and spiritual care, counseling, education and research

Participant and Sponsor Registration

Sponsorships	<input type="checkbox"/>	Presenting Sponsor	\$5,000
	<input type="checkbox"/>	Putting Green Sponsor	\$1,000
	<input type="checkbox"/>	Driving Range Sponsor	\$750
	<input type="checkbox"/>	Hole Sponsor	\$500
Sponsor Information			
Name: _____			
Address: _____			
City: _____ State/Province: _____ Zip: _____			
E-mail: _____ Phone: _____			

Golf	<input type="checkbox"/>	\$175 per golfer
No cancellations after 12/20/08		
Golfer Information (please include complete information for each golfer)		
1. Name: _____	E-Mail: _____	
Address: _____	Phone: _____	
2. Name: _____	E-Mail: _____	
Address: _____	Phone: _____	
3. Name: _____	E-Mail: _____	
Address: _____	Phone: _____	
4. Name: _____	E-Mail: _____	
Address: _____	Phone: _____	

Payment Information				
Sponsorship and/or golf total \$ _____				
<input type="checkbox"/>	Check enclosed (make payable to SCC)		Check # _____	
Charge my	<input type="checkbox"/>	Master Card	<input type="checkbox"/>	Visa
	<input type="checkbox"/>	AmEx	<input type="checkbox"/>	Discover
Card No. _____		Exp. Date _____		
Billing Address Zip Code _____		Signature: _____		

Please complete and return this form before December 20, 2008.

E-MAIL to: bob@professionalchaplains.org

Instructions: Save this document to your computer, complete the form, and then attach the document to an e-mail.

MAIL to: Association of Professional Chaplains

Summit '09 Golf Outing, 1701 E. Woodfield Rd. Suite 400, Schaumburg, IL 60173

FAX to: 847.240.1015