



Golf Tournament

The Krewe of Alegria *presents* Share the Love Golf Tournament

REGISTRATION FORM

Northdale Golf & Tennis Club • 4417 Northdale Blvd, Tampa, FL 33624

Friday, November 2nd 2018

Company/Name: _____

Print Name _____

Address: _____

Email Address: _____

Cell Phone: _____

All participants are in for a fun-filled day with many activities including: access to practice range, unlimited beverages (water, soda, Gatorade & domestic beer), Closest to Pin, Longest Drive, and Hole-in-One contests, hot dog lunch at registration, and a pizza buffet dinner with awards, and silent auction. Proceeds benefit Alegria's Kickin' for Kids, Inc., a 501(c)3 charity. www.kreweofalegria.com / www.alegriaskickinforkids.com

DRAWINGS, DOOR PRIZES, CONTESTS

Tournament Sponsors

(Please Check Appropriate Level)

Gold (\$1,500) _____ This level of sponsorship includes: Four player spots, hole sign, sponsorship acknowledgement on our social media sites, gold level sponsor plaque, 4 guest spots on the Krewe of Alegria float for the Knight or Paddy Parade in 2019.

Silver (\$1000) _____ This level of sponsorship includes: Four player spots, hole sign, sponsorship acknowledgement on our social media sites, silver level sponsor plaque, 2 guest spots on the Krewe of Alegria float for the Knight or Paddy Parade in 2019

Foursome (\$500) _____ This level of support includes: Four player spots

Hole Sign (\$150) _____ This level of support includes: hole sign on course.

Check-in 11:30 AM, Shotgun 1 PM, 4 Person scramble

I would like to participate as follows:

Check	Sponsorship Level:	Total
	Gold (\$1,500) Silver (\$1000)	\$
	Foursome \$500	\$
	Hole Sign \$150	\$
	I cannot attend but would like to contribute to the Event: OR I would like to donate door prizes; please Contact me at () -	\$
	TOTAL AMOUNT DUE	\$

_____ Check enclosed payable to **Alegria's Kickin' for Kids, Inc.**

_____ Charge my credit card:

Visa Acct # _____ Exp. Date _____ 4-digit Code: _____

MC Acct # _____ Exp. Date _____ 4-digit Code: _____

Signature _____

Print name as it appears on credit card: _____

Billing Address: _____

Zip Code: _____

Players:

Name & email address	
Name & email address	
Name & email address	
Name & email address	

Space is limited to 120 players. PLEASE REGISTER BEFORE THE **OCTOBER 12 ENTRY DEADLINE!**

Please return completed form to:

Share the Love Golf Committee,

15017 Rocky Ledge Drive

Tampa, Florida 33625

