

Registration Form



- \$7,500 Benefactor
- \$5,000 Promoter
- \$3,000 Supporter
- \$1,500 Partner
- \$1,000 Range
- \$500 Tee Box

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Team Roster

(First and Last Name)

Player 1 _____

Player 2 _____

Player 3 _____

Player 4 _____

Payment Plan

- Check Enclosed
- Please Invoice Us
- Debit/Credit Card

Please mail to:

Community Foundation of West Texas
6102 82nd Street, Suite 8b
Lubbock, TX 79424

Or email form to michelle@cfwtx.org.