



TEE - IT UP FOR CHILDREN'S
A GOLF WEEKEND AT SEVEN CANYONS

Laughter



Registration Form

Name:	Please Specify Entire Weekend \$5,000	Please Specify Gala Dinner Only \$500
Address:		
City:	State	Zip
Telephone:	Cell Phone:	E-mail:
Additional Attendees:		
1. Name	Entire Weekend \$5,000	Gala Dinner Only \$500
2. Name	Entire Weekend \$5,000	Gala Dinner Only \$500
3. Name	Entire Weekend \$5,000	Gala Dinner Only \$500
Total	_____ # Weekend Guests x \$5,000 = _____	
	_____ # Additional Dinner Guests x \$500 = _____	
	_____ Gala Table Sponsor 8 tickets \$3500 _____	
	Total Due	_____
_____ I am unable to attend but please accept my tax deductible contribution of \$ _____		
_____ Enclosed is my check to the Camp Soaring Eagle Foundation for \$ _____		
_____ Visa _____ MasterCard _____ American Express		
Credit Card # _____ Security Code _____ Exp Date _____		
I authorize Camp Soaring Eagle Foundation to charge the above amount to my card.		
Signature _____ Date _____		

**Please return by September 15, 2009 to Camp Soaring Eagle Foundation
68 Soaring Eagle Parkway, Sedona AZ 86351 or Fax to 928-284-9494**

**For more information or any questions please contact Mally Paquette, Event Coordinator
928-592-2177 or 928-284-9393 - mpaquette@campsoaringeagle.org**