



**DaD's against Brain  
Cancer Golf Tournament**  
**Monday, August 26<sup>th</sup> 2019**  
**10:30am Shotgun Start**  
**Golf Club of Avon**

**PARTICIPATION IN OUR EVENT**

\$800 Foursome for Golf  
 \$200 Individual Golfer Registration  
 \$150 Tee Sign Sponsor x  signs  
 I would like to donate goods or services for an auction item of \_\_\_\_\_.  
 I cannot participate, but would like to make a donation in the amount of \_\_\_\_\_.  
 Contact Name \_\_\_\_\_

---

Sponsor Name (Company) as you want it to appear at the event

---

(Area Code) Contact Phone Number

---

Email address

**Payment Options:**  
 We ask that you send a check for the **golf event only** to the address below:

**Please make checks payable to:**  
**Dads Against Brain Cancer**

Please mail check with golfer registration to the address below:

Don Annicelle  
 P.O. BOX 370247  
 West Hartford, CT 06137-0247

**GOLFER REGISTRATION**

GOLFER #1  
 Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Handicap \_\_\_\_\_

GOLFER #2  
 Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Handicap \_\_\_\_\_

GOLFER #3  
 Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Handicap \_\_\_\_\_

GOLFER #4  
 Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Handicap \_\_\_\_\_

**\*\*\*\* We ask that participants wanting to Donate to The Jackson Laboratory, mail a separate check made out to The Jackson Laboratory or you can donate AT THE EVENT, with check, cash or credit card**