

# REGISTRATION & SPONSORSHIP FORM

Register online [www.mobile-meals.org](http://www.mobile-meals.org) or  
Mail Form to Mobile Meals: c/o Susan Spires | 419 East Main Street | Spartanburg | SC 29302

COMPANY NAME \_\_\_\_\_

COMPANY CONTACT \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

COUNTRY YOU ARE REPRESENTING \_\_\_\_\_

- PHILANTHROPY PACKAGE  
*\$25,000*
- PROVIDER PACKAGE  
*\$12,000 = 8 golfers*
- CONTRIBUTOR PACKAGE  
*\$3,000 = 2 golfers*
- COMMUNITY STEWARD PACKAGE  
*\$6,000 = 4 golfers*
- PATRON PACKAGE  
*\$1,500 = 1 golfer*

Please accept my check made payable to Mobile Meals of Spartanburg.  Please send an invoice

Please charge my credit card:  Visa  Mastercard  American Express

ACCT # \_\_\_\_\_ EXP DATE \_\_\_\_\_

PRINT NAME AS IT APPEARS ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## TEAM REGISTRATION

YOUR COMPANY NAME \_\_\_\_\_

1) GOLFER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ HANICAP \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ CELL \_\_\_\_\_ HOME \_\_\_\_\_

2) GOLFER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ HANICAP \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ CELL \_\_\_\_\_ HOME \_\_\_\_\_

3) GOLFER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ HANICAP \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ CELL \_\_\_\_\_ HOME \_\_\_\_\_

4) GOLFER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ HANICAP \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ CELL \_\_\_\_\_ HOME \_\_\_\_\_