Thank you for your interest in being a sponsor for RAP-WI’s 4th Annual golf outing. Please complete each section below to match your correct sponsorship level. Once completed, please email your form to: rapwisconsin@gmail.com.

I would like to sponsor at the following level:

[ ]  $1,000 Corporate level [ ] $500 Event Level [ ] $200 Table Level [ ] $100 Hole Level

**Contact Information:**

Company Name:

First Name: Last Name:

Address: City: State: Zip:

E-mail: Phone

**Payment Method:** [ ] Cash [ ] Check [ ] Credit Card (complete below section)

Cardholder Name (as it appears on card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder billing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: Zip:

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: (MM/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCV Security Code: \_\_\_\_\_\_\_\_\_\_\_\_

**By signing below, I agree to all conditions set forth in this credit card authorization.**

Signature of Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Corporate Sponsorship:**

Please identify below your team’s name, and each of the golfers on your team.

Team Name:

1:

2:

3:

4:

***Please be sure to complete the individual golfer registration form.***