



P.O. Box 399
Williamsburg, VA 23187

FAX: 757-221-2048

Response Card

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Names of foursome (each must register individually unless whole team is paid for):

1. _____

2. _____

3. _____

Number of entries _____ x \$125 \$ _____

No. of entries, 2000-2009 grads _____ x \$75 \$ _____

Golf Cart Sponsor \$1,000.00 \$ _____

Putting Contest Sponsor \$1,000.00 \$ _____

Driving Range Sponsor \$1,000.00 \$ _____

Box lunch sponsor \$1,000.00 \$ _____

Hole Sponsor- Team \$575 \$ _____

Hole Sponsor- Individual \$200 \$ _____

Coach Sponsor \$125 \$ _____

TOTAL \$ _____

Text to appear on your sign: _____

(Please email camera-ready art to sacorcoran@wm.edu if you wish to use your company logo)

_____ Check payable to Tribe Club enclosed

Please charge my _____ Visa _____ MasterCard _____ Discover

Name on card _____

Card number _____

Expires _____ Security code _____

Signature _____