|  |  |  |
| --- | --- | --- |
|  | **Join us for the 14th Annual CBRB Golf Tournament** **Wednesday September 17, 2014** Tunxis Plantation Country Club Town Farm Road Farmington, CT 06032 860-677-1367 | **Proceeds to Benefit** |
| **YES! I want to be part of the CBRB Cares Foundation Golf Tournament!** |  | **11:00 Shotgun Start**Scramble FormatSoft Spikes Required(Registration begins at 9:00am) |
| **Name** |  |
| **Address** |  |
| **Phone** |  | **\*Registration is $150.00 Per Golfer Includes: Green fees, cart, driving range, putting green, goodie bag, HOT BBQ lunch, Full Course Dinner and more!** |
| **eMail** |  |
|  |
| **Number of Attendees:** |
|  | $150 Per Golfer\* |  |
|  | $45 Dinner & Networking – 5:00pm | **Yes! I want to sponsor the following:** |
| **Payment must be accompanied with the Registration and received by August 29th.** |  | Pinnacle Sponsor ($4,000+) (Includes Foursome) |
|  | Major Sponsor ($1,500) (Includes Foursome) |
| **Total $ amount enclosed:** |  | Platinum Sponsor ($900) (Includes Twosome) |
| Golf $: |  |  | Dinner $: |  |  | Gold Sponsor ($600) |
|  |  | Silver Sponsor ($300) |
| **Members of my foursome are:** |  | Prize Hole ($200) |
|  |  | Tee or Green ($100) |
|  | Other Donation |
|  |  | $ |  |
|  |  | *Above are tax deductible* |
|  |  |  |
|  | **SPONSOR** (Please print name as you would like it to appear on signage): |
|  |  |
|  |  |
|  | Please assign me to a foursome. |  |
|  |  |
|  |  | *Coldwell Banker Residential Brokerage Cares Foundation is a 501(c)(3) Charitable Corporation***Questions? eMail me @:**Debra.Raymond@cbmoves.com |
| **MAKE CHECKS PAYABLE TO:**CBRB Cares Foundation**MAIL TO:**Coldwell Banker Residential BrokerageDebra Raymond132-1 Boston Post Rd.East Lyme, CT 06333860.739.6277 |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **COLDWELL BANKER RESIDENTIAL BROKERAGE CARES****2014 REGION 3 GOLF TOURNAMENT** |
|  |
| **CREDIT CARD PAYMENT FORM** |
|  |
| Name: |  |
| Address: |  |
| City: |  | State:  |  | Zip: |  |
| Phone:  |  | Fax: |  | eMail: |  |
| Item Purchased: |  |
|  |
|  |
| **Payment Method** |
|  |
| Please charge $ to my:  |  |   | MC |  | Visa |  | Amex |  |
|  |
|  |  |  | / |  | / |  |  |  |  |  |  |  | / |  | / |  |
| **Account Number** |  | **Expiration Date** |  | **Security Code** |  | **Signature** |  |  **Expiration Date** |
|  |
|  |
| Name on Credit Card |  |
| Credit Card Billing Address |  |
| City: |  | State:  |  | Zip: |  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Please mail or eMail completed form to:** |
|  |
| Coldwell Banker Residential Brokerage |
| Attn: Debra Raymond |
| 132-1 Boston Post Road |
| East Lyme, CT 06333 |
| Debra.Raymond@cbmoves.com |