



Our First Annual
Addiction Recovery Golf Charity Drive

Wednesday May 17, 2006 @8am
BONAVENTURE GOLF CLUB WESTON, FL

HOLISTIC COUNSELING SERVICES PRESENTS:

ADDICTION RECOVERY GOLF CHARITY DRIVE

ENTRY FORM - \$200 PER GOLFER, TWOSOME \$375, THREESOME \$560, FOURSOME \$725

Name: _____

Handicap: _____

Address: _____

Home Phone: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

(YOU MAY REGISTER AS A FOURSOME OR AS AN INDIVIDUAL AND WE'LL PAIR YOU ACCORDINGLY) SEE BOTTOM OF FORM TO COMPLETE ALL GOLFER INFORMATION

I would also like to be a hole sponsor:

____ \$500

____ \$1000

____ Hole Exclusive (Only One Sign on a tee box)

Sponsor Name: _____

Contact person _____

Phone: _____

I would also like to be a hole sponsor and sponsor a foursome for \$1200 _____

Sponsor Name: _____

Contact person _____ Phone: _____

(Includes advertising & entry fees for four players of your choice)

Please include a logo or other information that you wish to have displayed on your hole sponsor sign with reply.

I would like to donate products or a service for our Silent Auction _____ Please include product or description of service and mail to the address below

Pricing for Sponsor Participation:

- 1- Tee Box Advertising
 - Large Sign at Tee \$500.00
 - Large Sign Exclusive \$1000.00
- 2- Advertising or Information stand at the event \$2000.00 (Product Demo or Corporate info)

GOLF REGISTRATION FORM

- 3- Cart Advertising \$2000
- 4- Logo Spot on Golf Event Polo Shirt \$1500.00 (500 Shirts will be given out)
- 5- Collateral inserted into Guest Bags \$500.00
- 6- Banquet Advertising \$275.00
- 7- Donations in any amount to help cost of the tournament

ADDITIONAL GOLFER INFO AND MAILING ADDRESS

Name: _____
 Handicap or Average Score: _____
 Address: _____
 Home Phone: _____
 City: _____ State: _____ Zip: _____
 Work Phone: _____
 Name: _____
 Handicap or Average Score: _____
 Address: _____
 Home Phone: _____
 City: _____ State: _____ Zip: _____
 Work Phone: _____

Name: _____
 Handicap or Average Score: _____
 Address: _____
 Home Phone: _____
 City: _____ State: _____ Zip: _____
 Work Phone: _____

Please make all checks or money orders payable to:
Holistic Counseling Services Inc.

Please mail or drop off entry form and payment to:
Holistic Counseling Services Inc.

ATTN Vincent Tizio
1590 NE 162nd street
Suite 500
North Miami Beach, FL 33162