

Queen Jean Golf Tournament

Salina Country Club
Friday, April 29, 2011

9 a.m. Shotgun Start
Breakfast & Lunch provided

Team Registration



Social Night Salina Country Club

Thursday, April 28, 2011

6:30 p.m. Cocktails
Live Auction
Silent Auction
Dinner

Free to Golfers \$25/Guest
RSVP required

Entry Deadline March 31

- Team Registration (\$125/player)
- Thursday Night RSVP
(Golfers free -- \$25/guest)
Guests _____ x \$25 = _____
- General Donation \$ _____
- Corporate Sponsor (\$5,000)
- Luncheon Sponsor (\$3,500)
- Guardian Angel Sponsor (\$1,200)
- Warrior Angel Sponsor (\$600)
- Hole-In-One Sponsor (\$600)
- Driving Range Sponsor (\$500)
- Buy the Pro's Best Drive: Hole #11 (\$500)
- Closest to the Pin Sponsor (\$200)
- Hole Contests (\$200)
- Hole Sponsorships (\$150)
- Cart Sponsorships (\$100)
- Cherub Sponsorship (\$25)

TOTAL \$ _____

For information on Sponsorship or Team Registration please contact:
Barb Pickrell, 785.452.0181, bpickrell@crossmidwest.com or register online at
www.queenjeangolf.com.

Contact Name _____
Company Name _____
Address _____
Phone _____ e-mail _____

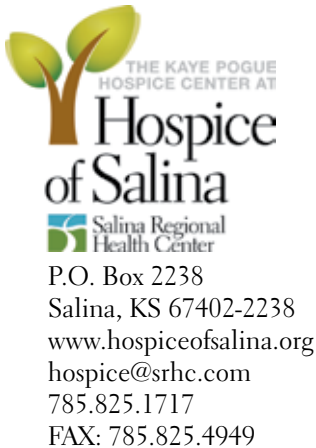
Team Members Names

	Shirt Size	Thurs. Night RSVP
1. _____	_____	<input type="radio"/> Y <input type="radio"/> N
Address: _____		
City: _____ ST _____ Zip _____		
Phone: _____ Email: _____		
2. _____	_____	<input type="radio"/> Y <input type="radio"/> N
Address: _____		
City: _____ ST _____ Zip _____		
Phone: _____ Email: _____		
3. _____	_____	<input type="radio"/> Y <input type="radio"/> N
Address: _____		
City: _____ ST _____ Zip _____		
Phone: _____ Email: _____		
4. _____	_____	<input type="radio"/> Y <input type="radio"/> N
Address: _____		
City: _____ ST _____ Zip _____		
Phone: _____ Email: _____		

*Shirts will not be exchanged at the tournament for a different size.

*QJ/HOS reserves all photographic rights during the tournament for promotional use of the Queen Jean Memorial Golf Tournament each year.

Corporate Sponsors



Payment Method Information:

Cash Check # _____ Credit Card: Visa MasterCard

Card Number: _____ Expiration Date: _____

Cardholder Signature: _____

Cardholder's Name: _____ Same as Above

Cardholder's Address: _____ Same as Above

Cardholder's Phone: _____ Same as Above

*Please make checks payable to Hospice of Salina. Mail or Fax to Hospice of Salina.