

The Ultimate Golf Experience

2009 Reservation Form

(please type or print legibly)

Please reserve the following package in my name (check one):

- Single Golfer Package** (*single* occupancy)..... \$ 6,000
- Twosome Golfer Package** (*double* occupancy) \$ 12,000
- Ultimate Corporate Foursome** (*single* occupancy)..... \$25,000
- Social Non-golfer Package** (*double* occupancy)..... \$ 3,550

Name: _____

Company: _____

Address: (Circle: Work or Home) _____
(All UGE correspondence will be sent to this address. No P.O. boxes.)

City: _____ State: _____ Zip: _____

Phone numbers: H: (____) _____ W: (____) _____

Fax number: (____) _____ e-mail: _____

Payment Information:

YES! I will attend the *Ultimate Golf Experience!* I am paying by (check one below):

Check (Please make payable to the Cystic Fibrosis Foundation.)

VISA MasterCard American Express

Card #: _____ Expiration: _____

Name on card (please print): _____

Signature: _____ Date: _____

I am interested in sponsorship. Please contact me.

I am unable to attend, but please accept my donation of: \$ _____

I would like to donate the following item to be used in the event's auction _____ .
Please contact me.

Group Information: My twosome/foursome will include:

1) _____ 3) _____

2) _____ 4) _____

Please mail this form back to:

Cystic Fibrosis Foundation, Attn: *Ultimate Golf Experience*

6931 Arlington Road, Bethesda, MD 20814

or fax to Jamie Smith at (301) 907-2505

You will receive confirmation from the Cystic Fibrosis Foundation upon receipt of this form.

Do not write below this line. For CF Foundation use only.

Chapter: _____ Contact: _____

Event Code: _____ Profile Received: _____

Payment Received: _____ Receipt: _____ T/Y: _____



6931 Arlington Road
Bethesda, Maryland 20814

(301) 951-4422
Fax: (301) 907-2505
Internet: www.cff.org