

2017

REGISTRATION FORM

Monday, April 17, 2017
Windstar on Naples Bay

THE GARDEN OPEN
PRESENTED BY Arthrex

Your Name: _____

Registering for: Individual Couple Foursome*
(Please circle one)

Sending Payment for: Individual Couple Foursome*
(Please circle one)

**Please note that we will be glad to help complete the foursome*

Player 1 Name _____ Is payment enclosed for this person? Y N

Email _____

Address _____

Handicap Index _____ Club Affiliation _____

Player 2 Name _____ Is payment enclosed for this person? Y N

Email _____

Address _____

Handicap Index _____ Club Affiliation _____

Player 3 Name _____ Is payment enclosed for this person? Y N

Email _____

Address _____

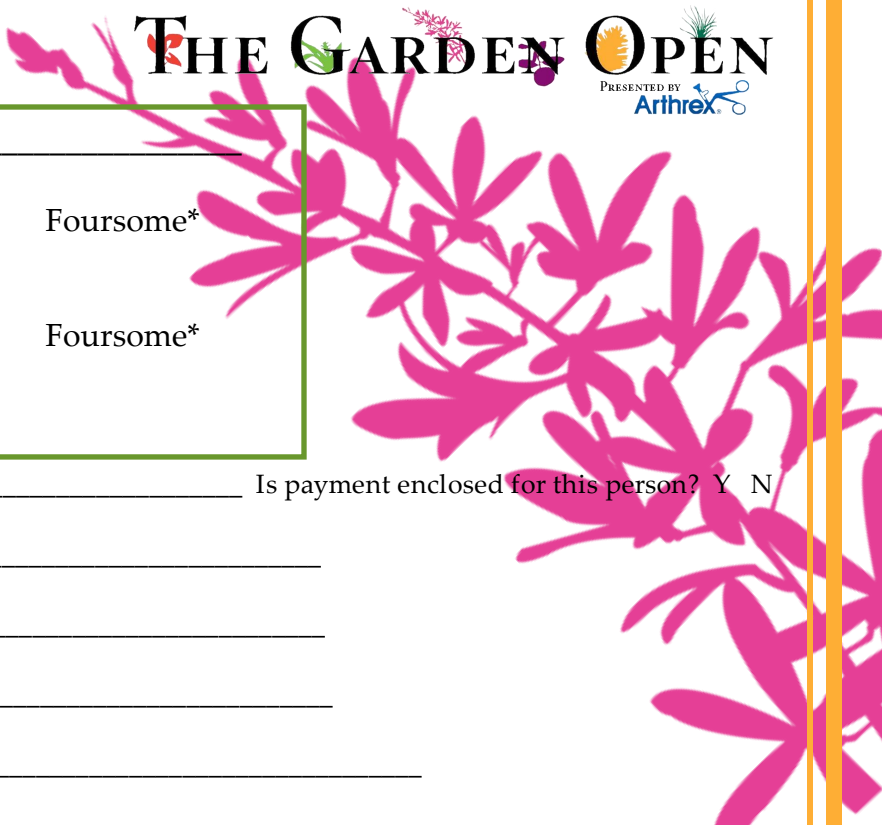
Handicap Index _____ Club Affiliation _____

Player 4 Name _____ Is payment enclosed for this person? Y N

Email _____

Address _____

Handicap Index _____ Club Affiliation _____



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INDIVIDUAL FEES

\$300 Player Fee—includes lunch, golf, cocktail reception and dinner for one

\$80 Dinner Guest—includes cocktail reception and dinner for one

_____ **I will be golfing but will not be attending the dinner**

(Note: Player fee remains the same regardless of dinner attendance or not.)

LEADERSHIP GIFTS

Dinner Sponsor \$6,000

- Acknowledgement of Dinner Sponsor at each table during dinner
- Four players in tournament including lunch & dinner
- Name/Logo recognition on event signage

Lunch Sponsor \$4,000

- Acknowledgement of Lunch Sponsor at each table during lunch
- Two players in tournament including lunch & dinner
- Name/Logo recognition on event signage

___ \$2,500 Par 3 Hole Sponsorship *Name as you would like it to appear:* _____

___ \$1,000 Hole Sponsorship *Name as you would like it to appear:* _____

___ \$500 Co-Hole Sponsorship *Name as you would like it to appear:* _____

2017 Golf Tournament Fees:	Number of Attendees	Total Amount
Player Fee @ \$300 (<i>\$100 is tax deductible</i>) <i>Player fee includes lunch, golf and dinner for one</i>		
Guest Dinner @ \$80 each (<i>no portion of fee is tax deductible</i>) <i>Guest name(s):</i> _____		
Leadership Gift Level: _____		
I cannot attend but would to support with a gift of:		
Total Payment Enclosed:		

Payment Options: (*Payment by check helps lower our costs.*)

Check for \$ _____ is enclosed, payable to Naples Botanical Garden

Charge \$ _____ to Visa MC AMEX DISC

Card No. _____ Expiration Date _____

Name as it appears on Card _____

Contact Annemarie Zoller, azoller@naplesgarden.org for questions.



Naples Botanical Garden | 4820 Bayshore Drive | Naples, Florida 34112