



Conductive Education of Dallas, Inc.

2nd Annual Golf Classic Information

Friday, September 21, 2007
Brookhaven Country Club

Tournament Day Schedule:



10:30 a.m.

Registration/ Check-In Begins



10:30 a.m. - 12:45 p.m.

Driving Range

Putting

Box Lunches



1:00 p.m.

Shotgun Start



6:00 p.m.

(or whenever golfing ends)

Awards and Banquet Dinner

Prizes and Awards Presentation



This Year's Package Includes:

- ☞ Green Fees, cart fees, and use of practice facilities with range balls
- ☞ Box lunch for each player
- ☞ Bag handling at curbside
- ☞ Longest Drive Prize
- ☞ Closest to Pin Prizes
- ☞ Dinner and raffle following the tournament for players and guests (come enjoy the festivities)

- TOURNAMENT SPONSORSHIP -

PLEASE PRINT THIS PAGE AND CIRCLE THE SPONSORSHIP LEVEL YOU PREFER
EVERY SPONSORSHIP BENEFITS THE CHILDREN



Sponsorship Information:



€ **PLATINUM SPONSOR - \$ 10,000**

- ☞ Sponsor receives eight (8) complimentary green fees
- ☞ Receives recognition as a platinum-level sponsor in publications

€ **GOLD SPONSOR- \$ 5,000**

- ☞ Sponsor receives four (4) complimentary green fees
- ☞ Receives recognition as a gold-level sponsor in publications

€ **SILVER SPONSOR - \$ 2,500**

- ☞ Sponsor receives two (2) complimentary green fees
- ☞ Receives recognition in publications

€ **BRONZE SPONSOR - \$ 300**

- ☞ Sponsor receives one (1) complimentary green fee
- ☞ Receives recognition in publications

€ **FRIENDS OF A CHILD CAN DO ALL THINGS - \$ 50 and up**

- ☞ I am unable to participate, but please accept my tax deductible contribution of:

\$ 50.00 \$ 75.00 \$ 100.00 \$ 200.00
\$ _____ (other)

Please make checks payable to:
A CHILD CAN DO ALL THINGS
GOLF TOURNAMENT REGISTRATION
12870 Hillcrest Road, Ste. H-101
Dallas, Texas 75230
(972) 788-2856



ENTRY FORM FOR THE 2nd ANNUAL GOLF CLASSIC



PLAYER NO. 1

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Handicap: _____ Shirt Size: _____

- Single Player - \$150.00
 Foursome - \$ 500.00

PLAYER NO. 2

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Handicap: _____ Shirt Size: _____



PLAYER NO. 3

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Handicap: _____ Shirt Size: _____

Please print this page and mail completed form and payment to:

**A CHILD CAN DO ALL THINGS
 GOLF TOURNAMENT REGISTRATION
 12870 Hillcrest Road, Ste. H-101
 Dallas, Texas 75230
 (972) 788-2856**

PLAYER NO. 4

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Handicap: _____ Shirt Size: _____

Form of payment:

Check (enclosed) payable to "A Child Can Do All Things"
 Visa Master Card American Express
 Account No.: _____
 Expiration Date: ____/____ Amount: _____
 Name on Card: _____
 Signature: _____

For additional information, please contact:
 Laura Crouch at 214-361-6416
www.accdat.org