

Join us for the inaugural  
**Autism Advocate Foundation  
Golf Classic**



*Saturday, July 25, 2009  
SouthCreek at Myrtle Beach National  
2 p.m. shotgun start (Registration begins 12:30 p.m.)*

*\$50 per player  
\$200 per foursome*

- 4-man Captain's Choice format
- Price includes golf, light meal, refreshments, goodie bag and entry into longest drive and closest-to-the-pin competitions
- Prizes awarded to low net foursome, as well as longest drive and closest-to-the-pin winners.
- Mulligan packages (including extra shots, strings & throws) available for \$25 per team.
- Silent auction & raffles
- Tee sponsorships – \$100 each (company/organization name appears on hole signage)

**All proceeds benefit the Autism Advocate Foundation, providing support services to individuals with Autism Spectrum Disorders in Horry County.**

*To enter, purchase a sponsorship or donate raffle/auction items, call 843-213-0217.*

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## Registration Form

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Please reserve \_\_\_ spots at \$50 per golfer/\$200 per foursome (*reservations of less than four players will be teamed with other non-foursomes at the tournament organizers' discretion*).

Player name \_\_\_\_\_  
Player name \_\_\_\_\_  
Player name \_\_\_\_\_  
Player name \_\_\_\_\_

### Check all that apply:

- I would like to purchase a Mulligan Package for my team for \$25.  
 I would like to purchase a hole sponsorship at \$100.

Name/company name as it should appear on sign: \_\_\_\_\_

- I cannot attend, but please accept my contribution of \$\_\_\_\_\_ to support AAF.  
 I am donating item(s) for the raffle/silent auction. See enclosed, or please contact me to arrange for pickup.

**Total payment:** \$ \_\_\_\_\_

### I am paying by (check one):

- Check (make payable to Autism Advocate Foundation)  
 Credit Card (circle one): MC                  Visa                  AMEX                  Discover  
Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Security Code (MC/Visa – last three digits on signature panel; AMEX – 4-digit number on front right of card) \_\_\_\_\_  
Name as appears on card \_\_\_\_\_

**Please return completed form with payment to Autism Advocate Foundation, P.O. Box 7061, Myrtle Beach, SC 29572. Forms may also be e-mailed to [james@autismadvocatefoundation.com](mailto:james@autismadvocatefoundation.com), or faxed to 866-377-2136. Questions? Call 843-213-0217.**