

I am interested in helping the Dysautonomia Foundation by participating in the 22nd Annual Familial Dysautonomia Golf Classic to be held on Monday, May 21, 2018
Please reply by April 30, 2018

Golf _____ Players, \$775 per player \$ _____

Special Sponsorships

- | | |
|--|-----------|
| <input type="checkbox"/> Tournament Sponsor | \$ 20,000 |
| <input type="checkbox"/> Dinner Sponsor | \$ 10,000 |
| <input type="checkbox"/> Flagstick Sponsor | \$ 7,500 |
| <input type="checkbox"/> Cocktails Sponsor | \$ 5,000 |
| <input type="checkbox"/> Brunch Sponsor | \$ 4,000 |
| <input type="checkbox"/> Trophy Sponsor | \$ 3,000 |
| <input type="checkbox"/> Driving Range Sponsor | \$ 2,500 |
| <input type="checkbox"/> Putting Green Sponsor | \$ 2,000 |
| <input type="checkbox"/> Tee Sponsor | \$ 1,000 |
| <input type="checkbox"/> Green Sponsor | \$ 500 |

Other Sponsorships Available - Please contact us for details

- | | |
|--|-----------------|
| <input type="checkbox"/> Dinner only, \$200 per person | \$ _____ |
| <input type="checkbox"/> Additional Contribution | \$ _____ |
| <input type="checkbox"/> I can't attend, please accept my contribution | \$ _____ |
| Total Enclosed | \$ _____ |

Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

To register and pay online, go to www.famdys.org

Make checks payable to Dysautonomia Foundation

Paul B. Wexler: 631-420-6466 or paulbwexler@gmail.com

Steven S. Fass: 516-569-3100 or ssf1234@aol.com

FD Office: 212-279-1066 or info@famdys.org

TOURNAMENT PLAYER INFORMATION

1. Player _____

Address _____

City _____ State _____ Zip _____

Phone _____ Handicap _____

E-mail _____

2. Player _____

Address _____

City _____ State _____ Zip _____

Phone _____ Handicap _____

E-mail _____

3. Player _____

Address _____

City _____ State _____ Zip _____

Phone _____ Handicap _____

E-mail _____

4. Player _____

Address _____

City _____ State _____ Zip _____

Phone _____ Handicap _____

E-mail _____