

# REGISTRATION FORM

16<sup>th</sup> Annual Children's Classic for Hearing Disorders and Education

**Please RSVP by May 14, 2009**

**Return form via fax to (817) 329-1553 or mail to  
Children's Classic, 190 S. Peytonville Ave # 110, Southlake, TX 76092**

Sponsor \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Please check appropriate level of participation:**

\_\_\_\_\_ \$10,000 Underwriter Sponsor

\_\_\_\_\_ \$5,000 Title Sponsor

\_\_\_\_\_ \$2,500 Paul Runyan Sponsor

\_\_\_\_\_ \$900 Team Sponsor

\_\_\_\_\_ \$250 Individual Player

\_\_\_\_\_ \$\_\_\_\_\_ Tax deductible donation to  
the Dallas Foundation of Otology

Please charge \$ \_\_\_\_\_ to my: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Sec. Code \_\_\_\_\_

\_\_\_\_\_ My check is enclosed in the amount of \$ \_\_\_\_\_  
made payable to the DALLAS FOUNDATION OF OTOLOGY

You can scan and e-mail your form to: [otologyfoundation@gmail.com](mailto:otologyfoundation@gmail.com)  
For more information you can contact Cathy Wright at (817)-329-1500

PLEASE LIST ALL GOLFER INFO ON NEXT PAGE.

# GOLFERS

Name (1) \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_  
Player index or average score \_\_\_\_\_ Shirt size \_\_\_\_\_

Name (2) \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_  
Player index or average score \_\_\_\_\_ Shirt size \_\_\_\_\_

Name (3) \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_  
Player index or average score \_\_\_\_\_ Shirt size \_\_\_\_\_

Name (4) \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_  
Player index or average score \_\_\_\_\_ Shirt size \_\_\_\_\_