

**11th Annual
SmartCity Golf Classic
Benefiting
Children's Home
Society of Florida**



Friday, September 23, 2011

**Registration: 7:30 a.m.
Shotgun Start: 8:00 a.m.
Lunch & Awards Presentation
Immediately following Golf**

**ChampionsGate Golf Club
1500 Masters Boulevard
ChampionsGate, FL 33896**



*Please complete and return with payment by
Friday, August 19, 2011*

**Mail to: Smart City
Attention : Tamela Vercamen
P.O. Box 22555
Lake Buena Vista, Florida 32830**

Make checks payable to Smart City

For room reservations contact
The Omni Hotel at ChampionsGate
www.OmniOrlandoResort.com
1500 Masters Blvd ChampionsGate, Florida 33896
Phone: (407) 390-6664, Fax: (407) 390-6600

Diamond Sponsorship Eight Players Two Tee Signs Special Recognition as the Lunch Sponsor	\$5000 <input type="checkbox"/>
Titanium Sponsorship Six Players One Tee Sign Sponsor of the Open Bar at the Clubhouse	\$2000 <input type="checkbox"/>
Platinum Sponsorship Four Players One Tee Sign	\$1000 <input type="checkbox"/>
Gold Sponsorship Two Players One Tee Sign	\$750 <input type="checkbox"/>
Silver Sponsorship One Tee Sign	\$250 <input type="checkbox"/>
Hole-in-One Contest Sponsorship Tee Sign	\$600 <input type="checkbox"/>
Host two (2) Beverage Carts Sponsorship of two Beverage Carts	\$500 <input type="checkbox"/>
Host one (1) Beverage Cart Sponsorship of one Beverage Cart	\$300 <input type="checkbox"/>

Raffle Item(s):

Item Description

Silent or Live Auction Item(s):

Item Description

Goody Bag Item(s):

Item Description



Player List

Player 1	\$100
Name: _____ <input type="checkbox"/>	
Org: _____	
Women's Shirt Size: S M L XL	
Men's Shirt Size: S M L XL XXL	
Player 2	\$100
Name: _____ <input type="checkbox"/>	
Women's Shirt Size: S M L XL	
Men's Shirt Size: S M L XL XXL	
Player 3	\$100
Name: _____ <input type="checkbox"/>	
Women's Shirt Size: S M L XL	
Men's Shirt Size: S M L XL XXL	
Player 4	\$100
Name: _____ <input type="checkbox"/>	
Women's Shirt Size : S M L XL	
Men's Shirt Size: S M L XL XXL	

Credit Card Info

Please Circle One: Visa MC AMEX

Total Amount: _____

Name on Card: _____

Card Number: _____

Exp. Date _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____