

2009 AVERY DENNISON OFFICE PRODUCTS GOLF TOURNAMENT

TO BENEFIT CITY OF HOPE

RESERVATION FORM

MONARCH GOLF LINKS · DANA POINT, CALIFORNIA

April 15-16, 2009

EVENT SCHEDULE:

APRIL 15, 2009:

- Social Hour 5:00 – 6:30 p.m.

APRIL 16, 2009:

- Business Meeting: 8:00 – 10:00 a.m.
- Registration: 10:00 – 12:00 p.m.
- Putting Contest: 10:00 – 12:00 p.m.
- Call to Carts: 11:45 a.m.
- Shotgun Start: 12:00 p.m.
- Awards Reception: 5:00 – 7:00 p.m.

The tournament will be a scramble format.

ENTRY FEE:

\$5,000 donation per foursome*

\$1,500 donation per individual player*

ENTRY FEE INCLUDES:

- Round of Golf
- Mulligans, Putting Contest & Gift
- Social Hour and Awards Reception

SPONSORSHIP OPPORTUNITIES:

Promotional signage indicating your company's sponsorship will be prominently displayed.

- | | |
|------------------------------|---------|
| A. Tee or Green | \$500 |
| B. Putting Contest | \$1,000 |
| C. Closest-to-the-Pin | \$1,000 |
| D. Straightest Drive Contest | \$1,000 |
| E. Hole-in-One Contest | \$1,000 |
| F. Beverage Station/Carts | \$1,000 |

**The portion of the entry fee which is not tax-deductible is \$1,557 for a foursome and \$389 for an individual player.*

Your contribution will benefit City of Hope and is greatly appreciated. Sponsorships are 100% deductible.

- I will participate in the business meeting and Day of Golf April 16th
 - FOURSOME \$5,000
 - Individual Player \$1,500

- I will be attending the Social Hour on April 15th

- Please include me as a sponsor \$ _____
Circle type(s) A B C D E F
Indicate name as you wish it to appear on sponsor signage:

- I am unable to participate, but would like to make a donation to support your efforts on behalf of City of Hope. \$ _____

TOTAL DONATION \$ _____

METHOD OF PAYMENT:

- Credit Card: VISA MC AMEX

Expires: _____

- Please Bill Me Payment Enclosed

Mail Checks To:
City of Hope/NOPI
1055 Wilshire Blvd.
Los Angeles, CA 90017

CLUB RENTALS NEEDED:

- Yes / Right Yes / Left No

SHIRT SIZE:

- S M L XL XXL

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

**Please FAX Reservation to Monique De Vaughn at (213) 241-7106
No Later Than March 15, 2009. If you have any questions please
call 866-905-HOPE**