



Golf 2008

Heritage Golf Course
Wednesday, September 24th

Sponsor Levels (Select One)

- Presenting - \$10,000
3 Complimentary Foursomes
Custom NAF Golf Shirts for all Players
Recognition in NAF & Local Publications
- Platinum - \$5,000
2 Complimentary Foursomes
Recognition in NAF & Local Publications
- Gold - \$2,000
1 Complimentary Foursome
Recognition in NAF & Local Publications

- Silver - \$1,000
2 Complimentary Golfers
Recognition in NAF & Local Publications
- Bronze - \$500
1 Complimentary Golfer
Recognition in NAF & Local Publications
- Other Donation \$_____
Recognition in NAF & Local Publications

ITINERARY

10:00am - 11:00am	Registration
11:00am - 11:45am	Lunch
12:00pm	Shotgun
5:30pm	Dinner & Awards

The amount of your contribution is deductible for federal income tax purposes, limited to the excess of money contributed by the donor over the value of goods and services provided by the NAF-- estimated to be \$75 per player.

WE NEED YOU!

NAF needs your financial support. You can support the foundation by becoming a sponsor & participating in our annual golf tournament, or by mailing us your charitable donation today. With your support, we can help improve the quality of life for Atlanta's young people. All golfers receive complimentary green fees, driving range fee, lunch, dinner, tee gift & an assortment of beverages.

ENTRY FORM

Please complete and mail with check ([made payable to "Northside Athletes Foundation"](#)) to: John Baker, Baker Dennard & Goetz Co., 1100 Johnson Ferry Road, Suite 840, Atlanta, GA 30342

TEAM NAME - Foursome (If Applicable): _____

PLAYER 1

Name _____
 Company _____
 Address _____
 City, State, Zip _____
 Handicap _____ or USGA Index _____
 Phone (h) _____ (w) _____

PLAYER 2

Name _____
 Company _____
 Address _____
 City, State, Zip _____
 Handicap _____ or USGA Index _____
 Phone (h) _____ (w) _____

PLAYER 3

Name _____
 Company _____
 Address _____
 City, State, Zip _____
 Handicap _____ or USGA Index _____
 Phone (h) _____ (w) _____

PLAYER 4

Name _____
 Company _____
 Address _____
 City, State, Zip _____
 Handicap _____ or USGA Index _____
 Phone (h) _____ (w) _____