

REGISTRATION FORM



NewPromise
CANCER FOUNDATION

2024 Golf Tournament

benefitting the New Promise Cancer Foundation

Date

Friday, August 23, 2024

Time

Check In: 10am

Shotgun Start: 12noon

Place

Robert Trent Jones
Highland Oaks Golf Trail
904 Royal Parkway
Dothan, AL 36305

Registration

- Four (4) person team \$1,000
- Individual registration \$250
- Sponsorship registration
\$ _____

*Write the amount and sponsorship
title you are registering for.*

**Registration includes green fees,
cart fee, lunch, post-tournament
snack, giveaways, and more!**

Payment Options

- Please **invoice** my
company on _____
(MM/DD/YYYY)
- Check** is enclosed made
payable to the New
Promise Cancer Foundation
- Check** is in the mail made
payable to the New
Promise Cancer Foundation
- Online** via credit card or ACH

Completed forms are due by July 1, 2024

Your Name: _____

Company Name: _____
Please list your name as you'd like it to appear in recognition.

Email Address: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

REGISTER YOUR TEAM TODAY

Team Name: _____

Player 1 Name: _____

Email Address: _____

Player 2 Name: _____

Email Address: _____

Player 3 Name: _____

Email Address: _____

Player 4 Name: _____

Email Address: _____

*Please provide an email address for each player.
This will be the main contact method used.*

Please return completed form to:

New Promise Cancer Foundation
ATTN: Executive Director
287 Healthwest Drive, Dothan, AL 36303
jhoops@newpromisefoundation.org