

# Participation Form

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## PLAYER REGISTRATION

Please list golfers' names below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SPONSORSHIP LEVEL & AMOUNT (IF APPLICABLE)

\_\_\_\_\_

**Please make check payable to L.E.A.F.**

**PO Box 17725**

**West Palm Beach, FL 33416**

If you would like to make an In-Kind donation, please contact us.