

Participation Form



Contact Name: _____

Company: _____

Mailing Address: _____

City: _____

State & Zip Code: _____

Phone: _____

Email: _____

PLAYER REGISTRATION

Golfer's Names & Shirt Sizes (S, M, L, XL, 2X, 3X, 4X)

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.