

## 19<sup>th</sup> Annual Dennis Campbell Memorial Charity Golf Tournament Registration Form

**Monday, May 23, 2022 - Rancho Bernardo Inn – 12:30 PM Shotgun and 5:30 PM Dinner & Silent Auction**

Name: _____	Address: _____
Company: _____	City: _____
Telephone: _____	State: _____
Email: _____	Zip: _____

**Yes, I would like to DONATE the following items for the auction or opportunity drawing:**  
 Item(s) and/or certificate(s): \_\_\_\_\_  
 Restrictions/Expiration Dates: \_\_\_\_\_  
 Fair Market Value of item(s): \_\_\_\_\_

**Yes, I would like to be a SPONSOR of the 19<sup>th</sup> Annual Dennis Campbell Memorial Charity Golf Tournament. See sponsor menu document for details.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Tournament Sponsor - \$10,000</b>                         | <input type="checkbox"/> <b>Platinum Sponsor - \$7,500</b> | <input type="checkbox"/> <b>Gold Sponsor - \$5,000</b> |
| <input type="checkbox"/> <b>Silver Sponsor - \$2,500</b>                              | <input type="checkbox"/> <b>Foursome Sponsor - \$1,000</b> | <input type="checkbox"/> <b>Hole Sponsor - \$500</b>   |
| <input type="checkbox"/> <b>In Kind Donation - \$_____ and/or Product/Item: _____</b> |  |  |

**Foursome - \$1000** (Include email for confirmation of each player)       **Individual Golfer (includes dinner) - \$250**

1st Player: \_\_\_\_\_ Email: \_\_\_\_\_  
 Attending Dinner?     YES       NO

2nd Player: \_\_\_\_\_ Email: \_\_\_\_\_  
 Attending Dinner?     YES       NO

3rd Player: \_\_\_\_\_ Email: \_\_\_\_\_  
 Attending Dinner?     YES       NO

4th Player: \_\_\_\_\_ Email: \_\_\_\_\_  
 Attending Dinner?     YES       NO

**Individual Dinner Only - \$80**  
 Number of people attending dinner only: \_\_\_\_\_  
 Name(s): \_\_\_\_\_

**I am unable to attend but enclosed is my DONATION for \$\_\_\_\_\_**

**Payment Information**

My check for \$\_\_\_\_\_, payable to the **San Diego Brain Tumor Foundation** is enclosed.

Please charge the amount of \$\_\_\_\_\_ to my (check one)     Visa       MasterCard       American Express

Credit Card #: \_\_\_\_\_ Expires: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature (Required if paying by card): \_\_\_\_\_

**\*\*\* Please send completed form & donations to 852 Fifth Avenue, SD, CA 92101 by Friday, April 29, 2022. Thank you! \*\*\***

All donations are tax deductible. SDBTF is a 501c(3) organization. Our Federal Tax ID number is 30-0125828.