

**Registration Information for Art of Golf CCMA Golf Tournament**

**Friday Afternoon, July 15, 2011 – The Golf Club at Yarmouthport**

**-Format-**

Scramble, shotgun start.  
Teams of 4 will be arranged for individual players.  
Handicaps not required.

**-Prizes-**

Team awards  
Closest to pin for women and men  
Longest drive for women and men  
First hole in one: \$10,000 + three other hole in one prizes

**-Registration-**

**The deadline for registration is July 1, 2011.  
Earlier sign-ups are encouraged**

Registration is not guaranteed until payment is received. All fees are non-refundable. Entry fee, which includes greens fee, golf cart, light lunch, great give-aways, social hour and barbecue, is \$125 per player or \$500 per foursome.

**Tournament limited to 72 players**

**Contacts & Questions:** Camille Boullie, Tel. (508) 385-1366 or Andy Scibelli Tel. (508)896--2205.

**Not a golfer?** " Enjoy the "Art Festival" then join us for the social period and barbecue. Barbecue tickets are \$30 per person.

Net proceeds benefit the Cape Cod Museum of Art educational programs. Hundreds of adults and children annually attend studio and lecture classes. The School to Careers Art Internship places many high school students in intensive internships with some of the region's best known artists. There are student art exhibitions. Museum programs also serve area residents with cognitive and physical challenges. Tax deduction/thank you letters will be sent to all golf participants.

**Check the appropriate selection: \_\_\_ Please arrange a foursome \_\_\_ Playing with me will be:**

**Please register the following golfer(s) at \$125 per person** (please print clearly):

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Day Time Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Personal Company Tee or Green Signs \$100 each**

Of: (Name for Sign) \_\_\_\_\_

**Participation – Single \$125 \_\_\_ \$ \_\_\_\_\_**

**Participation – Team \$500 \_\_\_ \$ \_\_\_\_\_**

**Guest(s) at Barbecue \$ 30 \_\_\_ \$ \_\_\_\_\_**

\_\_\_ I am interested in other sponsorships

\_\_\_ I regret that I'm unable to be a sponsor of this event. However, enclosed is a donation in the amount of \$ \_\_\_\_\_. (Donations are 100% tax deductible. To meet our printing deadlines, please make your donation payable to Cape Cod Museum of Art and return as soon as possible.)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

Company: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Mail/drop off completed form with payment to/at:**

Friends of CCMA Golf Tournament  
Cape Cod Museum of Art  
P.O. Box 2034  
(60 Hope Lane)  
Dennis, MA 02638

Checks payable to Cape Cod Museum of Art

Total Amount Enclosed: \$ \_\_\_\_\_

\_\_\_ MasterCard \_\_\_ Visa \_\_\_ Discover \_\_\_ AMEX Ver. Code \_\_\_\_\_

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

Card # \_\_\_\_\_

Exp/ Date \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_