



Golf & Tennis Player Information

Main Contact Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Level of sponsorship/participation (see brochure for levels)*: _____

Total Amount Due: _____

*Please make checks payable to **Waveny LifeCare Network** and return by **May 12, 2016**.*

Does your company match gifts? Please let us know!

We gladly accept: Amex VISA MasterCard

Card No. _____

Name on card _____

Expiration date _____

Signature _____

**Fax back to 203.594.5327
or mail to:
Waveny LifeCare Network
Development Office
3 Farm Road
New Canaan, CT 06840**

Player Information

Golf – Shotgun Start @ 1:00 p.m. **Tennis** – Round Robin @ 3:00 p.m. **Tennis Whites only please.**

1) Name: _____ GHIN #: _____ OR Tennis Level (A/B): _____

Mailing Address: _____

2) Name: _____ GHIN #: _____ OR Tennis Level (A/B): _____

Mailing Address: _____

3) Name: _____ GHIN #: _____ OR Tennis Level (A/B): _____

Mailing Address: _____

4) Name: _____ GHIN #: _____ OR Tennis Level (A/B): _____

Mailing Address: _____

* Since Waveny LifeCare Network is a 501(c)(3) charitable organization, your donation in excess of the fair market value relevant to your level of participation may be fully tax deductible. Please consult your tax advisor.