

4. Partner _



SPONSORSHIP REGISTRATION FORM

DO OVER	\$3,000	SLICE	\$750	ROUND OF GOLF	\$130
DIVOT	\$1,500	HOOK	\$275		
Can't make the ev	ent? Your gift	to UCP will help ma	ke a difference i	n the lives of people with disa	abilities.
Donation Amount					
Players Information			Payment Method		
First Name			Make checks payable to:		
Last Name			United Cerebral Palsy of MetroBoston		
Company			or email form to:		
Address			swasserman@ucpboston.org		
City			Check	Visa MC AMEX	
State Zip Code			Credit Card #		
Phone			Exp. Date		
E-mail			CVV		
Golf Partners			Card Holder's Name		
Name of Foursome			Billing Address		
1. Partner			City		
2. Partner			State Zip Code		
3. Partner			Total Money Enclosed		

\$15.00 GIFT CARD TO MHC | LUNCH | MULLIGANS | WINE PULL | AWARDS

UCP OF METROBOSTON THANKS YOU FOR YOUR SUPPORT

*MHC does not accept credit card purchases. Tickets for beverages will be available for purchase at the UCP Registration Table.

REGISTER BY TELEPHONE: 617.308.0961
REGISTER BY EMAIL: SWASSERMAN@UCPBOSTON.ORG
REGISTER BY MAIL: SHERI WASSERMAN
UCP OF METROBOSTON
71 ARSENAL STREET
WATERTOWN, MA 02472