



The 10<sup>th</sup> Annual Sheriff Larry Campbell  
 Refuge House Golf Challenge  
 Southwood Golf Club  
Monday, October 5, 2009

Registration - Team  \$500 (4 players)

Registration - Single Player  \$125 (Please put me with a group )

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Player	Handicap	Address	Phone	E-Mail
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Sorry I am unable to attend, but here's a donation to this worthy cause: \$ \_\_\_\_\_  
 (Checks payable to Refuge House)

Mail to: Golf Tournament, Refuge House, PO Box 20910, Tallahassee, FL 32316  
 FAX: 850-413-0395

Card Type: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

CID# \_\_\_\_\_ (3-4 digit pin on back of card)

Name exactly as it appears on your credit card: \_\_\_\_\_

Credit card *billing* address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Schedule of Events

11:00am-12:15pm Registration & Lunch at Southwood Golf Club

11:15am Range open (balls provided)

12:30pm Shotgun Start

5:30pm Awards Reception- tournament prizes & drawing prizes



The 10<sup>th</sup> Annual Sheriff Larry Campbell  
Refuge House Golf Challenge  
Southwood Golf Club  
Monday, October 5, 2009

Hole Sponsor Agreement  
\$200

Company name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Sign wording: \_\_\_\_\_

Please make check payable to: Refuge House

Email business logo and wording to: [Reynaud@coe.fsu.edu](mailto:Reynaud@coe.fsu.edu)

Mail this form and check to: Refuge House  
P.O. Box 20910  
Tallahassee, FL 32316

Card Type: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

CID# \_\_\_\_\_ (3-4 digit pin on back of card)

Name exactly as it appears on your credit card: \_\_\_\_\_

Credit card *billing* address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

---

**THANK YOU!!**

REFUGE HOUSE, INC. IS REGISTERED WITH THE STATE UNDER THE SOLICITATION CONTRIBUTIONS ACT, 1991, REGISTRATION NUMBER CH1682. REFUGE HOUSE, INC. RECEIVES 100% OF EACH CONTRIBUTION. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER AFFAIRS BY CALLING TOLL-FREE WITHIN THE STATE, 1-800-435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.