

C.F.R.S.A 15th Annual Four-man Golf Scramble



To Benefit FRSA Educational & Research Foundation

Get Your Foursomes Together Now!

WHEN: Saturday, May 1st 2010
7:00 am Registration Opens
8:00 am Shotgun Start
Lunch Following Round of Golf

WHERE: Kissimmee Bay Golf Club
2801 Kissimmee Bay Blvd
Kissimmee, FL 34744
Phone: 407-348-4653

COST: \$300 per Foursome
\$80 per Single person

- 1st, 2nd and 3rd Place Awards
- 50/50 Raffle (\$10 per raffle ticket for 50/50)
- **2 Night Stay at Sarasota Golf Club with Dinner & Golf**
(**\$10 per raffle ticket for 2 Night Getaway**)
- **Tons of Great Door Prizes Too!!!!!!!!!!!!**

Mail Entries & Payments To:

C.F.R.S.A.

PO Box 547193

Orlando, FL 32854-7193

Any questions please contact:

Don Schmidt 407-892-9884

don_dscri@cfl.rr.com

Fax: 407-892-8881

Proper Golf Attire Required
No Jeans or T-shirts

C.F.R.S.A. 15th Annual Four-man Golf Scramble

To benefit FRSA Educational & Research Foundation in the name of
C.F.R.S.A. and Mason Liftig

Sponsorship Registration Form May 1st 2010

As a sponsor of one of the tees, greens or a beverage cart your company will receive recognition as a supporter of the endeavors of the Central Florida Roofing and Sheet Metal Contractors Association. Through signs, handouts and announcements acknowledgement of your support will be very evident throughout the event! In addition, contractors and suppliers will be asked to support those who are visibly supporting our association. Proceeds from your sponsorship will cover the cost of the event, with the balance being used to bring quality programs to area roofing contractors and their employees.

Sponsorship Fees:

- () \$100.00 Tee or Green Sponsor
- () \$500.00 Beverage Cart Sponsor *only 2 available*

Name of Company: _____

Contact Name: _____

Contact Phone: _____

Please make Checks payable to C.F.R.S.A. and mail to:

C.F.R.S.A.
PO Box 547193
Orlando, FL 32854-7193

Credit Card Payments:

Card Type please circle one: Visa MasterCard American Express

Card Number: _____

Exp. Date: _____

Name as it appears on card: _____

Authorized Signature: _____

If you need any additional information contact: Don Schmidt at 407-892-9884

C.F.R.S.A. Golf Scramble Registration Form 2010
C.F.R.S.A 15th Annual Four-man Golf Scramble



\$300.00 per Foursome
\$80.00 per Single Player

Players

Company

Amount Enclosed: \$ _____.

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Credit Card Payments:

Card Type please circle one: Visa MasterCard American Express
Card Number: _____
Exp. Date: _____
Name as it appears on card: _____
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Entry Deadline is Absolutely April 23rd 2010
Do Not Wait Until the Last Minute!!!

For any questions please call or email:
Don Schmidt 407-892-9884
Don_dscri@cfl.rr.com

THANK YOU FOR YOUR SUPPORT!!!