



PRESENTS
2012 Our Kids Klassic Golf Tournament

WHEN: Thursday, October 4, 2012
7:45 AM and 1:00 PM
Registration begins one hour before play.

WHERE: Vanderbilt Legends Club
1500 Legends Club Lane
Franklin, TN 37069

FORMAT: Four Person Scramble

PRIZES: Prizes will be awarded in three flights for both tournaments.

SPECIAL CONTESTS: Beat the Pro, Closest to the Pin, Predict Your Distance, and Hole-in-One sponsored by Andrews Cadillac, Jack's Golf Shop and others.

SILENT AUCTION: Gift certificates, sports merchandise and memorabilia, premium cigars, stock-the-bar party, vacation packages and more!

MEALS: Breakfast and Lunch for AM players; Lunch and Dinner for PM players

SPECIAL GIFT: Commemorative golf cap for all players



Registration Form

Online registration is also available at www.ourkidscenter.com

PREFERRED TEE TIME

(circle one) 7:45 AM or 1:00 PM

You will receive written confirmation of your start time.

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____ EMAIL: _____

SPONSORSHIP LEVELS

- Platinum (\$5,000) - Includes 2 Teams, 16 Mulligans, 8 Tee Advantages
- Gold (\$3,000) - Includes 2 Teams, 8 Tee Advantages
- Silver (\$2,750) - Includes 8 Mulligans
- Bronze (\$1,750) - Includes 4 Mulligans
- Copper (\$1,000) Iron (\$500)

PARTICIPANTS

- Teams (\$700) Players (\$175)
- (See information for teams on reverse side)

EXTRAS

- Team Package (\$120) - 8 Mulligans, 4 Tee Advantages
- Individual Package (\$30) - 2 Mulligans, 1 Tee Advantage
- Mulligans (\$10 ea) - Limit 2 per player
- Tee Advantages (\$10 ea) - Limit 1 per player

Total Due: _____

PLEASE COMPLETE PAYMENT AND TEAM INFORMATION ON REVERSE SIDE.

Team Information

Please provide an email address for all team members.

Player 1 Name: _____

Email: _____

Player 2 Name: _____

Email: _____

Player 3 Name: _____

Email: _____

Player 4 Name: _____

Email: _____

DONATION

I am unable to participate this year, but would like to support Our Kids with my donation of \$ _____

PAYMENT OPTIONS

CREDIT CARD

CHECK

Type (circle one): AMEX MC VISA

Payable to Our Kids \$ _____

Card# _____

EXP Date: _____ Credit Card VCode _____

Name on Card: _____

Signature (REQUIRED) _____

Amount to be Charged \$ _____

Please detach form and mail to:

Our Kids, 1804 Hayes Street, Nashville, TN 37203. Please call 615-341-4920 with questions.

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Irving Materials, Inc.

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KLASSIC
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Vanderbilt Legends Club

