



# 1<sup>ST</sup> ANNUAL ATLANTA STEEPLCHASE GOLF TOURNAMENT

Benefiting the University of Georgia College of Veterinary Medicine & Starlight Children's Foundation

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**WHEN / WHERE:** Monday, October 26, 2009 at **White Columns Country Club**; 300 Clubhouse Dr.; Alpharetta, GA 30004

**START TIME:** Registration begins at 9a.m. Shotgun start at 11a.m.

**FORMAT:** Best Ball

**INCLUDES:** An afternoon of golf, green & cart fees, boxed lunch, dinner, silent auction, raffle and contests

**PRIZES:** Includes a Mercedes Benz 2010 C300 for winner of **The RBM of Atlanta Mercedes Benz Hole in One Contest on a select par 3**, Private Golf Club foursomes, gift certificates and much more!

**ENTRY DEADLINE:** Friday, October 16, 2009

**INDIVIDUALS, TEAMS, SPONSORSHIP (check one):** \$175 per person \$700 for team of 4  
\$1000 for you or your Company to Sponsor a Hole *and* includes a foursome  \$500 to Sponsor a Hole only

**Please complete the registration information below:**

**SPONSOR / COMPANY NAME:** \_\_\_\_\_

**Player #1 Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Player #2 Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Player #3 Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Player #4 Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**METHOD OF PAYMENT:** Check Visa, MC (No Amex) Exp. Date \_\_\_\_\_

CC# \_\_\_\_\_ 3 Digit Code (on back of card): \_\_\_\_\_ Total: \_\_\_\_\_

Print Name as it appears on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Make checks payable to **Atlanta Steeplechase**. Please mail checks and applications to **Atlanta Steeplechase - 375 Pharr Road, Suite 114 - Atlanta, GA 30305 Attn: Golf or fax to 404-237-2006. Questions? or Registration by phone - call Jean Bird at 404-237-7436; email [jean@atlantasteeplechase.org](mailto:jean@atlantasteeplechase.org)**