

6th annual CWSNF Fundraising Golf Tournament

Paradise Valley Country Club

Friday, June 11, 2010

Registration begins at Noon

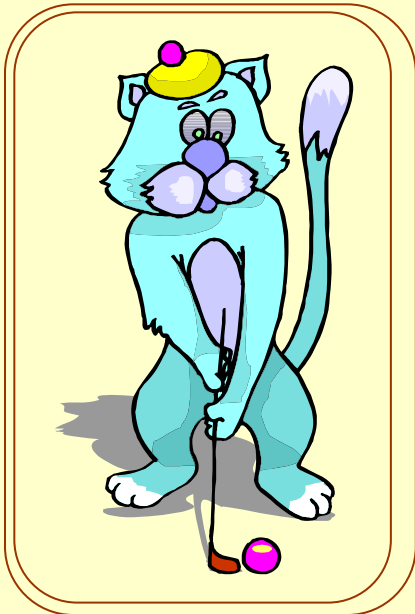
Tee off at 1:00pm - Shotgun Start

Scramble Format

*\$95.00 per person**

**includes cart, green fees, range, food
& fun!*

*Plan to stay after the tournament for
refreshments and prizes -- and dance
to The Avengers!*



CWSNF Golf Tournament
2232 S. Lennox
Casper, WY 82601



6th annual CWSNF Fundraising Golf Tournament

Central Wyoming Spay & Neuter
Foundation



Helping Owners Love
Their Pets

For More Golf Tournament Info:

Phone: 577-3453

Web site: www.cwsnf.org



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"It is the mission of the Central Wyoming Spay & Neuter Foundation to provide financial assistance to qualifying families within Central Wyoming for the spaying and neutering of their companion animals. It is also our endeavor to provide education to the public regarding the necessity and benefits of spaying and neutering."

Central Wyoming Spay & Neuter Foundation

CWSNF
a 501(c)3 Corporation
EIN 48-1293251
www.cwsnf.org

How Can I Help?

Donations, Sponsorship, Advertising Opportunities:

- Team Sponsor (\$380)
 Hole Sponsor (\$150)
 Tee Box Sponsor (\$100)
 Gold Sponsor of Special Event (\$300)
 Platinum Sponsor of Grand Prize Raffle (\$500)
 Prize Donation: _____

 Quantity: ____ Total Value: \$_____
 I will mail/deliver my donation.
 please pick up.
 Cash Donation for Purchase of Prize on My
 Behalf: \$_____
 Other Donation: _____

Value: \$_____

Please return registration form to:

CWSNF Golf Tournament
C/O Hilltop Nat'l Bank - Attn: Sally
P. O. Box 50566
Casper, WY 82605-9801

For More Information Contact:

Sally Minihan-Ayers (Tournament Coordinator)
at 577-3453 Email: salsal77@yahoo.com

Receipts for all tax-deductible donations will be mailed to donors after the tournament upon request.

Please Don't Litter - Fix Your Critter!

Registration Form

Team Name or Sponsor: _____

____ Men's

____ *I will be on this team*
Remit \$380 per team.
Only \$95 per player!

____ Women's

____ Mixed

Team Players Name, Address & Phone _____

HCP

1. _____

2. _____

3. _____

4. _____

Team Captain or Team Sponsor
Name _____

Address _____

Phone _____

E-mail _____

Method of Payment

- Check MasterCard
 Discover Visa

Credit Card No. _____

Expire Date _____

Signature _____