



___ Yes, I would like to be a member of The Circle of Friends. I understand my annual membership is \$3,000 and my check is included in this packet.

___ Yes, I would like to be a member of The Circle of Friends and I would like to submit three payments of \$1,000 per month Sept-Oct-Nov.

___ Yes, I would like to be a member of The Circle of Friends and I would like to submit six payments of \$500 per month June-November.

Additional Sponsorship Options

___ Yes, I would like to be a Grand Slam Sponsor \$1,000 (ads & 4 COF Tickets)

___ Yes, I would like to be a Homerun Sponsor \$500 (ads & 2 COF Tickets)

___ Yes, I would like to be a Team Sponsor \$250 (ads)

Company Name _____

Owner _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Work Phone _____ Cell _____ Home _____

E-Mail Address _____

Additional Concert Tickets _____ at \$75 per ticket \$ _____

Additional Honky Tonk Tickets _____ at \$100 per ticket \$ _____

Additional Golfers _____ at \$150 per ticket \$ _____

TOTAL \$ _____

MC _____ VISA _____

NAME ON CARD _____

EXP. DATE _____

AUTHORIZED SIGNATURE _____

(you may also call the office and give your credit card information over the phone if you feel more comfortable) 352-527-3297