

## Vanderbilt Legends Golf Club Foursome

### Registration includes:

Practice balls, 18 Holes of Golf, Carts, Lunch in the Legends Grille



### Team Identification

Name:	
Team Captain (if applicable):	
Address:	
Telephone:	Email:

~~\_\_\_\_\_ I have raised my individual \$200 fee + by receiving the attached pledges from friends while raising awareness of the difference Bridges' Domestic Violence Center makes in the lives of victims to help them break the cycle of violence.~~

~~OR~~

~~\_\_\_\_\_ I would like to pay for myself (\$200). Sorry, Legends offer is for Foursome only.~~

~~OR~~

\_\_\_\_\_ I would like to pay for my team (\$800).

Golfer #2: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer #3: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer #4: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ I cannot attend but would like to make a contribution in the amount of \$ \_\_\_\_\_.

### Payment

For your convenience, you may pay online at [www.bridgesdvc.org](http://www.bridgesdvc.org) or complete the following:

Method of Payment (circle one):      Cash      Check\*      Credit Card (card type: \_\_\_\_\_ )  
Cardholder Name: \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Auth. Code \_\_\_\_\_  
Address \_\_\_\_\_ Apt./Ste. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Signature of Cardholder: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please make checks payable to Bridges Domestic Violence Center (Memo: Golf Tournament)

Please send your registration form and payment to:

Bridges Domestic Violence Center

Attn: Linda Crockett

Post Office Box 1592, Franklin, TN 37065

If you have any questions or would like additional information call (615) 599-8064.

*Thank you for your support!*