



11th Annual IDFY Golf Classic

Circling Raven Golf Club

Thursday, May 6, 2010 | 1:30pm Shotgun Start



TEAM INFORMATION (4-Person Scramble)

Complete and return by April 1, 2010

Team Name/Company _____

Contact Person _____

Mailing Address _____

Phone _____ E-mail _____

Team Member Names & Handicaps*

*List average score if no handicap

_____	Handicap _____
_____	Handicap _____
_____	Handicap _____
_____	Handicap _____

REGISTRATION & SPONSORSHIP OPPORTUNITIES

Registration Fee includes golf cart, 4 green fees, free range balls, lunch, and appetizers.

	Investment in Idaho Kids	Total
Team Registration (4-person teams) \$125/person. \$500/team	\$500	= _____
Hole Sponsorship (Company sign on a hole)	\$100	= _____
Longest Drive Sponsorship (2 Available. Company sign w/logo on event hole)	\$250	= _____
Closest to the Pin Sponsorship (2 Available. Company sign w/logo on event hole)	\$250	= _____
Exclusive Tee Sponsorship (Company Sign, booth, giveaways at designated site)	\$500	= _____
Golf Cart Sponsorship (Company sign w/logo on event hole)	\$1,000	= _____
Putting Contest Sponsorship (Company banner w/logo at this event)	\$1,000	= _____

EVENT HIGHLIGHTS

- Golf
- Lunch by  Daanen's Delicatessen
- Overall winning team will win the prestigious IDFY Classic Cup
- IDFY is qualified for the Idaho Tax Credit. A large portion of your registration fees, auction bids and any sponsorships will benefit you at tax time!
- 4-person scramble format
- Games and prizes galore!

SCHEDULE OF ACTIVITIES

11 am	Registration, Practice Range
12 pm	Lunch
1:30 pm	Shotgun Start
5 pm	Raffle, Live Auction, Golf Awards

QUESTIONS

Amy Bartoo or Kristi Rietze
 IDAHO DRUG FREE YOUTH
 208.664.4339
idyf@idahodrugfreeyouth.org
www.idahodrugfreeyouth.org

SEND OR FAX COMPLETED FORMS TO:

Idaho Drug Free Youth
 Attention: Golf
 601 W. Hubbard, Suite 123
 Coeur d'Alene, ID 83814
 Phone: 208.664.4339
 Fax: 208.765.2970

PAYMENT (must accompany registration form)

Total Amount Due \$ _____

Enclosed is Check # _____ payable to Idaho Drug Free Youth
 (please write contact person's name on check)

MC/Visa Card #: _____ Exp. Date _____

Cardholder Signature: _____

Idaho Drug Free Youth: Eliminating alcohol, tobacco, and other drug use among Idaho youth.