

# 3rd Annual KID's CHANCE of NC GOLF TOURNAMENT

Proceeds to benefit Kid's Chance of North Carolina, Inc.

**DATE: Wednesday Oct 3, 2007**

**WHERE: Rocky River Golf Club, Concord, NC**

**TIME: 9:30am Shotgun Start**

**FORMAT: Captain's Choice**

**REGISTRATION FEE: \$500 per Team/ \$125 per player: Includes golf and cart, prizes, beverages, contests and post-round meal**

Team: \_\_\_\_\_

**Golfer & Handicaps (Total Team Handicap must be at least 25)**

Golfer #1: \_\_\_\_\_ Hcp \_\_\_\_\_ Golfer #2 \_\_\_\_\_ Hcp \_\_\_\_\_

Golfer #3: \_\_\_\_\_ Hcp \_\_\_\_\_ Golfer #4 \_\_\_\_\_ Hcp \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Number of Teams: \_\_\_\_\_ x \$500 = \$ \_\_\_\_\_

Individual Players: \_\_\_\_\_ x \$125 = \$ \_\_\_\_\_

Meal Only: \_\_\_\_\_ x \$ 25 = \$ \_\_\_\_\_

Hole Sponsor: \_\_\_\_\_ x \$250 = \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Hole Sponsors: Please indicate how you want the Sponsorship recognition: \_\_\_\_\_

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**Registration Policies: No Shows-Forfeit Registration Fees**

Contact Mark Hicks (Mark.Hicks@soi.com), SOI Claims Manager @ 877.572.2412 x7301 for info. Fax number is 704.426.1179

Please make checks payable to Kids Chance of NC and mail to:  
Mark Hicks at P.O. Box 562722 Charlotte, NC 28256-2722