

ORLANDO GOLF

Classic



Center for Autism
and Related Disabilities



UNIVERSITY OF CENTRAL FLORIDA CENTER FOR AUTISM & RELATED DISABILITIES & THEIR SUPPORTING NONPROFIT PROVIDING AUTISM LINKS & SUPPORT

10 OCT 2024

EAGLE CREEK- ORLANDO

Entry \$150/Team \$600



<https://orlandogolfclassic24.eventbrite.com>

benefitting UCF Center for Autism & Related Disabilities

ORLANDO GOLF CLASSIC

The Orlando Golf Classic will be hosted at Eagle Creek Golf Club. The tournament format will be four-person scramble (Single players will be assigned to a team) where each player will compete for the closest to the pin, longest drive and more. Breakfast, lunch and a complimentary cocktail will be provided to all participants.

Date: Thursday, October 10, 2024 @ 8:00am
Location: Eagle Creek Golf Club
 10350 Emerson Lake Blvd, Orlando, FL 32832

Proceeds benefit [Providing Autism Links & Support, Inc.](#) (PALS), a local 501c3 organization that assists the University of Central Florida Center for Autism & Related Disabilities (UCF-CARD) to support over 22,000 individuals with autism in Central Florida.

CHECK ALL THAT APPLY

Checks may be mailed & payable to
 PALS | PO BOX 781458 | Orlando, FL 32878

Gold Silver Bronze Hole
 Foursome Single Player

Payment Method: check credit
 cash individual payment

SPONSORSHIPS AVAILABLE

Sponsor	Cost	Value	Includes
Gold	\$2,500.	\$1,800	3 foursomes 6 carts 2 hole sponsorships breakfast & lunch for 12 complimentary cocktail per golfer company banner
Silver	\$1,700.	\$1,200	2 foursomes 4 carts 1 hole sponsorship breakfast & lunch for 8 complimentary cocktail per golfer company banner
Bronze	\$1,000.	\$600	1 foursome 2 cart 1 hole sponsorship breakfast & lunch for 4 complimentary cocktail per golfer
Hole	\$200.	\$100	1 hole sponsorship
Foursome	\$600.	\$500	1 team 2 cart breakfast & lunch for 4 complimentary cocktail per golfer
Single Player	\$150.	\$125	Join a team breakfast & lunch complimentary cocktail

PARTICIPANTS | TEAMS

Single Players (no team)	Team 1	Team 2	Team 3	Team 4
	Team Name	Team Name	Team Name	Team Name
1.				
2.	1.	1.	1.	1.
3.	2.	2.	2.	2.
	3.	3.	3.	3.
	4.	4.	4.	4.

PAYMENT

Company Name (if applicable)		Card billing address	
Name on Card		Card Number	
Email		Best Contact Number	
Expiration Date		CVV Number	
Amount to charge	\$	Date	

I understand the above charges will appear on my credit card from the receiving non-profit PALS. I understand I will receive a tax letter for the donation amount if over \$25.