



Friday, June 4, 2010

**Palmer Hills Golf Course
in Bettendorf**

7:30 check-in begins
(donuts and coffee provided)
9:00 Shotgun Start
Steak luncheon immediately
following

**Fill the Truck,
Saturday, June 12, 2010**

Make checks payable to:
Family Resources, Inc.

Return form and payment to:
Family Resources, Inc.
Rod Ossowski
2800 Eastern Ave.
Davenport, IA 52803

Contact:
ROD OSSOWSKI

Family Resources
Ph: 563/468-2242
E-mail: rossowski@famres.org
Fx: 563/326-2013

Or

PAT SHOUSE
Ph: 563/940-2003
E-mail: doveps@att.net



Family Resources strengthens children, families
and individuals by providing quality services
that engage community resources
to create effective solutions

www.famres.org

Golf Team Sign Up

To register your team use this form or go online
to www.famres.org and click on **Dove Golf Team Sign Up**

- **\$90 per person / \$360 per 4-some**
- 4-Person Preferred Ball Format
- Entry fee includes green fees, cart, duffel bag, tee package, competitive prizes, door prizes, and a post-tournament awards dinner.
- *Must pay for whole group at sign-up.*

Please list names in your group and one phone/e-mail for contact:

Player 1: _____ E-mail: _____

Player 2: _____ E-mail: _____

Player 3: _____ E-mail: _____

Player 4: _____ E-mail: _____

Team contact: _____ Phone: _____

E-mail: _____

Total enclosed for golf: \$ _____

Other ways you can help!

___ **Hole Sponsor** @ \$150, Includes signage at the tee/green & program recognition. (Can include charge on credit card below.)

___ **Donate a tax deductible cash gift.** Amount: \$ _____
(Can include charge on credit card below.)

Total enclosed for Hole Sponsor and/or cash gift: \$ _____

___ **Donate a Prize**, please contact Rod Ossowski at number listed at left.

___ **Donate items** for the shelter (new, used, good, clean) Please contact Rod Ossowski at number listed at left for a list of needed items and drop off location, or go to www.famres.org.

Please charge my credit card \$ _____ amount

Card Type: ___ American Express ___ Master Card ___ VISA

Card No.: _____ **Expiration Date:** _____

Name on card: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Signature: _____

Presenting Sponsors:

Media Sponsors:



Dr. Sara Barnes

