

# Commitment Form



Monday, October 5, 2009  
The Island  
Plaquemine, Louisiana



Yes, we would like to participate at the sponsorship level indicated below.

- Corporate Title Sponsor ..... \$25,000
- Chancellor's Leaders ..... \$10,000
- Chancellor's Champions ..... \$7,500
- Chancellor's Ambassadors ..... \$5,000
- Team Captains ..... \$2,500
- Greens Keepers ..... \$1,250
- Team Package ..... \$800
- Individual Package ..... \$200
- Patron Tee Sponsor ..... \$300

*I cannot attend, but would like to make a tax-deductible donation of \$\_\_\_\_\_*

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Phone \_\_\_\_\_

## Method of Payment

Check Enclosed

*Please Make Checks Payable to:*

**LSU FOUNDATION/CHANCELLOR'S  
GOLF CLASSIC**

## Credit Card

VISA  MC  AmEx  Disc

Number \_\_\_\_\_ ExpDate \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Enclosed/Amount Charged \_\_\_\_\_

Office Only: Team No. \_\_\_\_\_ Start From \_\_\_\_\_

## Please fill out the players information and return by September 14, 2009.

LSU AgCenter, Attn: Chancellor's Golf Classic, P.O. Box 25203, Baton Rouge, LA 70894, Phone (225) 578-4161  
Fax (225) 578-4143, E-mail: hgrunewald@agcenter.lsu.edu. *The LSU Foundation is a 501 (3)(C) nonprofit organization. All gifts to the Foundation are tax-deductible to the extent allowed by law.*

## TEAM

AM Round  PM Round  No Preference

For additional teams, please make copies of form and attach.

**Player 1** \_\_\_\_\_ **Team Contact** \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Handicap \_\_\_\_\_ Shirt size \_\_\_\_\_

Work phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Player 3** \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Handicap \_\_\_\_\_ Shirt size \_\_\_\_\_

Work phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Player 2** \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Handicap \_\_\_\_\_ Shirt size \_\_\_\_\_

Work phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Player 4** \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Handicap \_\_\_\_\_ Shirt size \_\_\_\_\_

Work phone \_\_\_\_\_ Cell \_\_\_\_\_

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

