

ON MONDAY, MAY 12TH, SOMETHING **BIG** IS HAPPENING:

THE 23RD ANNUAL **ANDY SACKS** **GOLF TOURNAMENT**

Benefitting 
**The PARALYSIS PROJECT
OF AMERICA**

Monday, May 12, 2008
MountainGate Country Club
12445 MountainGate Drive
Los Angeles, CA 90049

You don't have to sit there and dream about playing golf...
Just fill out the registration form, send it in and join us.

↑ CUT here and return in the enclosed envelope. PLEASE COMPLETE REVERSE SIDE ALSO.



Registration 9:00 a.m. – Shotgun 11:00 a.m.
Gala hosted cocktail party/buffet/auctions 4:30 p.m.

- **SINGLE PRICE FOR ALL ACTIVITIES.**

No on-course additional fees or donations requested!

- **DONATION INCLUDES:**

All on-course activities, tee prizes, golf, carts, continental breakfast, lunch, awards, gala hosted reception & buffet for player & one guest.

Sponsorships available. See below.

Yes, I want to join you in the fight to cure paralysis!

FOLD here and return in the enclosed envelope.
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CHAMPIONS CLUB MEMBER **\$2,500**

Foursome, sponsor recognition, on-course banner, tee sponsor sign, 8 additional tickets to the Gala Reception.

FOURSOME **\$1,500**

4 Tournament Entries, plus 4 additional tickets to the Gala Reception and tee sign.

SINGLE ENTRY **\$350**

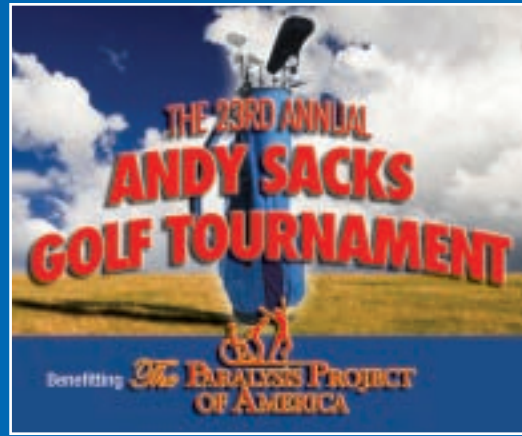
Tournament Entry, plus 1 additional ticket to the Gala Reception for a guest.

GALA RECEPTION/BUFFET **\$ 50**

TEE SPONSOR **\$100**

Deadline: May 8, 2008

DONATION **\$ _____**



TOURNAMENT HIGHLIGHTS:

- Outstanding tee prizes
- Prizes for golf
- Contests and Hole In One prizes on every 3 par
- Meet our Sports Legends Celebrities in attendance
- Live and Silent Auctions including: American Airlines Travel; Super Bowl Tickets; one of a kind autographed items by Dave Winfield, Pepper Davis, Kevin Johnson; dining and more.

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Names of Golfers (PLEASE PRINT):

Telephone:

Handicap

1. _____

2. _____

3. _____

4. _____

Please place me in a group with the following golfers who are paying separately:

1. _____ 3. _____

2. _____ 4. _____

FOLD here and return in the enclosed envelope. PLEASE COMPLETE REVERSE SIDE ALSO.

Payment/Registration Information:

Work Home

Name: _____ Address: _____

Company: _____ City: _____

Amount Enclosed: _____ Credit Card Payment (circle one): Visa/MC/Amex

Card #: _____ Exp. Date: _____

Billing Address Zip Code (required for credit cards): _____

Make checks payable to: **The Paralysis Project of America - P. O. Box 627, Glendale, CA 91209-0627**



The Paralysis Project raises funds which are awarded in the form of carefully selected grants to research projects that are trying to restore function to those with paralysis due to spinal cord injury. 501-C-3 Corporation. Tax i.d. #94-3039084 Catherine M. Lepone, Executive Director, www.paralysisproject.org, 323-663-6554 Office, 866-828-7987 Fax.