



THE FOUNDATION AT  
*Rolling Hills*



**THE FOUNDATION AT ROLLING HILLS  
19<sup>TH</sup> ANNUAL GOLF CLASSIC  
MONDAY, JUNE 25, 2018**

*Benefiting the Arvada Community Food Bank & Foundation*

**Foursome RSVP  
Non-Sponsor**

Contact Name: \_\_\_\_\_

Business: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please reserve \_\_\_\_\_ non-sponsor Foursome(s) at \$1,600 each  
(Foursomes receive one Cocktail Party ticket per golfer.)

I'm unable to participate, but would like to make a donation of \$ \_\_\_\_\_.

Please send me an invoice.

My check is enclosed (**PAYABLE TO THE FOUNDATION AT ROLLING HILLS**).

Please charge my credit card:     VISA     MasterCard     American Express

Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_ CVC: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Foursome Members:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**For additional foursomes, please use the back of this page.**

**Return by Mail or Fax to:**  
The Foundation at Rolling Hills  
15707 W. 26<sup>th</sup> Avenue  
Golden, CO 80401  
Fax: 303-279-2165

## Additional Foursomes

Foursome Members:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Foursome Members:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Foursome Members:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Foursome Members:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Foursome Members:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_