

# Itinerary

Time: 7:00am Registration  
8:00am Shotgun start

Cost: **\$125.00 per player**

## Included in the price:

Free Beer

Free Soda

Free Cigars

Lunch

Range Balls

GPS on all carts

Hole-in-One Prizes

Long Drive Contest

Closest to the Pin Contest

## Team Members

(Please Print)

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# Directions

16301 Phil Ritson Way

Winter Garden, FL 34787

From the Sea World Area; Convention/Center Area  
(International Drive):

- Take I-4 West toward Tampa
- Exit 64 west on Hwy 192 - 7 miles
- Turn right on Avalon Road (CR545) 7 Miles  
Turn right onto Phil Ritson Way ½ mile to the Clubhouse.

From Interstate 4 and US 192 (Toll Road):

- Go West on US 192 5 miles to the 429 North.
- Turn right on 429 North (exit # 11) and proceed 5 ½ miles to Seidel Road Exit,
- Turn left at the bottom of the exit and proceed ½ mile on Seidel Road.
- Turn Right on CR 545 (Avalon Road) and proceed ½ mile to Phil Ritson Way.  
Turn Right onto Phil Ritson Way and proceed ½ mile to the Clubhouse

From I-4, take SR 408 (East-West Expressway) West to Florida's Turnpike:

- Take FL Turnpike North to exit 267A (429 South)
- Take 429 South, to New Independence Parkway (Exit #15)
- Turn right on New Independence Parkway (West) and proceed to CR 545 (Avalon Road).
- Turn left on CR 545 (Avalon Road), 2 miles to Phil Ritson Way
- Turn left onto Phil Ritson Way and proceed ½ mile to the Clubhouse.

GO TO: <http://www.ocngolf.com/index.php/directions>  
For more directions.

**The Autism & Related  
Disabilities Gym  
Program, Inc. and  
the Jim Beech Rec**

**Center Proudly**

**Presents**



**Charity Tournament**

**Saturday, June 27th, 2009**

at



**Orange County National  
Golf Center and Lodge  
Crooked Cat Course**

# Item Donation

Please Sponsor the **5th Annual Autism & Related Disabilities Gym Program Charity Tournament** by donating an item for prizes and/or raffle and help enhance the lives of individuals with disabilities. Your name and contribution will be listed in our event program.

**THANKS FOR YOUR SUPPORT!**

Description of Donated Item: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated Market Value: \$ \_\_\_\_\_

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

Contact Person \_\_\_\_\_

Street \_\_\_\_\_

City State Zip

Phone: \_\_\_\_\_

Signature of Contributor Date

Signature of Event Sponsor Date

# Sponsors

**SLICE**      **\$100.00**

- Sign on Course with one color text
- 1/4 Page Ad in Event Program

**BIRDIE**      **\$250.00**

- Sign on Course with one color text
- 1/2 Page Ad in Event Program

**CHIP**      **\$500.00**

- Sign on Course with one color text
- Full Page Ad in Event Program

## Sponsor Sign Details

Please enter below the detail how you would like your sign to read.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For all sponsors, please email logo in .jpg format to: [autismgym@aol.com](mailto:autismgym@aol.com)

**For more information on Hole Sponsorships and Donations Please Contact:**  
**Jo-Anne Houwers - [autismgym@aol.com](mailto:autismgym@aol.com)**

**407-234-7456**

or

**Alan Moss - [moster2@earthlink.net](mailto:moster2@earthlink.net)**  
**321-303-7672**

*The Autism & Related Disabilities Gym Program, Inc. is a Registered #501-C3, Tax ID #14-1899940.*  
*The Program will receive 100% of your contribution.*

# Registration

If you would like to be a Sponsor of the **5th Annual Autism & Related Disabilities Gym Program Charity Tournament** and help enhance the lives of individuals with disabilities, please complete the following information below.

<u>Sign up for:</u>	<u>Price</u>
<input type="checkbox"/> <b>Player</b>	<b>\$125.00</b>
<input type="checkbox"/> <b>Foursome</b>	<b>\$500.00</b>
<input type="checkbox"/> <b>Slice</b>	<b>\$100.00</b>
<input type="checkbox"/> <b>Birdie</b>	<b>\$250.00</b>
<input type="checkbox"/> <b>Chip</b>	<b>\$500.00</b>

Name/Company Contact \_\_\_\_\_

Street \_\_\_\_\_

City State Zip

Phone E-mail

Method of Payment  
 Check       MasterCard  
 Visa       American Express

Name on card \_\_\_\_\_

Billing Address \_\_\_\_\_

City St Zip \_\_\_\_\_

Credit Card # Exp. \_\_\_\_\_

Security Code (3 digits on back of card)  
 \$ \_\_\_\_\_

Amount of payment \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

Please make checks payable to:  
**Autism & Related Disabilities Gym Program, Inc.**  
**Mail to: Jo-Anne Houwers**  
**P.O. Box 770306**  
**Winter Garden, FL 34777**