

# Itinerary

Time: 7:00am Registration  
8:00am Tee Time/Scramble

Cost: \$125.00 per player

## Included in the price:

Free Beer

Free Soda

Free Cigars

Lunch and Raffles!

Bar on the Course

Hole-in-One Contest Prize

Longest Drive Contest

Closest to the Pin Contest

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Lunch Only Tickets—\$25.00

Super Ticket Available for Purchase

## Team Members

(Please Print)

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# Directions

1400 Masters Blvd

Champions Gate, FL 33896

(Use Davenport, FL when entering into GPS)

10 Minutes from Disney World Champions Gate is located at Exit 58 on Interstate 4 - just minutes away from International Drive and area attractions.

**From Orlando International Airport:** Take the North exit from the airport, to the Beeline Expressway Westbound also known as highway 528. Take the Beeline westbound to I-4. Take I-4 westbound towards Tampa and follow the directions above for those traveling westbound on I-4.

**From Orlando:** Take Interstate 4 West to Exit 58. Turn right at the end of the exit ramp onto Champions Gate Boulevard. Take a right at the second light onto Masters Boulevard. The golf club entrance is located 1/2 mile on your left.

**From Tampa:** Take Interstate 4 East to Exit 58. Turn left at the end of the exit ramp onto Champions Gate Boulevard. Take a right at the second light onto Masters Boulevard. The golf club entrance is located 1/2 mile on your left.

### Estimated Driving Times From:

Walt Disney World (10-15 minutes)  
Orlando International Airport (30 minutes)  
Orange County Convention Center (30 minutes)  
Universal Orlando Resort (30 minutes)  
Downtown Orlando (35 minutes)  
Lakeland (30 Minutes)  
Tampa (60 Minutes)  
Daytona Beach (About 80 Minutes)

More info go to website:

<http://www.championsgategolf.com/directions/>

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

Presents



Saturday, October 15th, 2011

at

Champions Gate Golf Club

The International Course

1400 Masters Blvd

Champions Gate, FL 33896

(Use Davenport, FL when entering into GPS)

# Item Donation

Please Sponsor the **7th 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
- Web Link on our Sponsor Page for 3 months (company and name)

**BIRDIE \$250.00**

- Sign on Course with one color text
- Web Link on Sponsor Page for 6 months (LOGO and all information).

**CHIP \$500.00**

- Sign on Course with one color text
- Web Link on our Sponsor Page for one year. (LOGO and information.

## Sponsor Sign Details

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

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*The Autism & Related Disabilities Gym Program, Inc. is a Registered #501-C3, Tax ID #14-1899940. The Program will receive 100% of your contribution. "no refunds—thank you for your support"*

# Registration

If you would like to be a Sponsor of the **7th 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**