

CAPE FEAR VALLEY HEALTH FOUNDATION'S  
**FRIENDS of CHILDREN**  
**TENNIS CLASSIC**

THURSDAY, SEPTEMBER 27, 2018

at HIGHLAND COUNTRY CLUB

*let's raise a RACKET for the KIDS*

*Now is your opportunity to help children in our community.* Please complete the form below and return it to Cape Fear Valley Health Foundation by **September 7, 2018.**

\$85 per player

9:00 - 9:30AM Check-In :: 10:00AM - 2:00PM Tennis Classic

Players compete individually in "Tennis Poker," and choose a card from the deck for each game won. Each card awards a certain number of points. The player with the most points is the winner! 1st, 2nd & 3rd place prizes!

Each registered tennis participant will receive a player gift. Players will also receive lunch, beverages, snacks during the tournament and one ticket to the Wine & Beer Tasting. Additional tickets are available for \$30 each.

**BEER & WINE TASTING  
AND AWARDS CEREMONY**

\$30 per ticket

6:00PM

ATTIRE: RESORT *casual*

*Each registered tennis participant will receive a Yeti® wine tumbler.*

**SPONSORSHIP PLEDGE FORM**

COMPANY OR INDIVIDUAL NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

YOUR NAME [PLEASE PRINT]: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SPONSORSHIP LEVELS**

*please CHECK ONE*

- \$5,000 PRESENTING SPONSOR
- \$2,500 COURT SPONSOR
- \$500 RACKET SPONSOR
- \$250 BALL SPONSOR
- \$85 PLAYER SPONSOR

*Thank you.  
We appreciate your support.*

Please mail completed form to:  
Cape Fear Valley Health Foundation  
P.O. Box 87526, Fayetteville, N.C. 28304

For more information, please call (910) 615-1285.

**TENNIS PLAYER INFORMATION**

PLAYER NAME[S]: \_\_\_\_\_

TEAM/SPONSOR [if applicable]: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE \_\_\_\_\_

Attending Wine/Beer Tasting & Dinner?  YES  NO

Additional guest tickets are available. # OF TICKETS

- Check  Cash  Please send an invoice  Contact me for payment options
- Credit Card:  Visa  American Express  Discover  MasterCard

CARD NUMBER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ 3-DIGIT SECURITY CODE: \_\_\_\_\_

Please let us know how you would like your name to appear in donor recognition lists for future publications and the donor wall: \_\_\_\_\_

- I wish to give anonymously. Please do not list my name on the donor wall or in future publications.