

UM REBOUNDERS 2ND ANNUAL MINIATURE GOLF DAY

Saturday, May 14, 2011

Columbia SportsPark * 5453 Harpers Farm Road * Columbia, MD 21044

Join Coach Brenda Frese, the Maryland Women's Basketball coaches, staff, and former Maryland players for a day of mini-golf, fun, food and friendship at Columbia SportsPark in Columbia, MD.

Minature Golf * Silent Auction * Moon-Bounce * Games
Local Celebrity Guests * Batting Cages * PRIZES * and more!

PROGRAM

CHECK-IN begins at 8:00am for both rounds 8:30am to 2:30pm - silent auction, raffle 9:00am - 1st round golfing begins 11:30am - 2nd round golfing begins 1:00 - 2:00pm - lunch 2:30pm - silent auction closes 3pm - closing remarks, awards and prizes

FEES

Golfing: \$40/individual or \$120/foursome
Non-golfing: adult \$15, non-golfing children (under 12) \$10
Individual and corporate sponsorships are available

FOOD Complimentary picnic food and drinks

Come Out and Support Maryland Women's Basketball

REBOUNDERS

Limited Space...Don't miss out! SIGN UP TODAY!

Registration Deadline May 1, 2011

ALL RSVPS ARE FIRST COME FIRST SERVED

Gifts in support of the University of Maryland are accepted and managed by the University of Maryland College Park Foundation, Inc., an affiliated 501(c)(3) organization authorized by the Board of Regents. Contributions to the University of Maryland are tax deductible as allowed by law. Please see your tax advisor for details.

All proceeds benefit the Maryland Women's Basketball Program
Make All Checks Payable to: UMCP FOUNDATION

For questions, contact Daphne Email: daphne@umrebounders.com FAX: 301-314-9826 Additional & updated info: umrebounders.com

Detach here and FAX or mail to: UMD Women's Basketball Office 0726 Comcast Center College Park MD 20742

PLEASE COMPLETE FRONT AND BACK OF THIS FORM - PLEASE PRINT CLEARLY

Single golfers will be paired with other single golfers. Foursomes must register an pay together as a group.

CHECK ONE: [] 9:00AM Start [] 11:30AM Start

REGISTRATION T	YPE:		
[] Individual (\$40)	[] Foursome (\$120/group)	[] Individual Adult Non-Golfer (\$15) [] Individual Child Non-Golfer	(\$10)
NAME 1 (PRIMARY	CONTACT): First Name:	Last Name:	
NAME1 Phone:		EMAIL:	
NAME2:		EMAIL2:	
NAME3:		EMAIL3:	
NAME4:		EMAIL4:	



2ND ANNUAL MINIATURE GOLF DAY

Thank you for Supporting Maryland Women's Basketball!

PAYMENT FORM

SPONSOR LEVELS

TESTUDO \$200 (FMV: \$50)

Includes 1 mini-golf ticket, tee signs, sponsor listed on umrebounders.com & program goody bags, sponsor gift

COACHES \$500 (FMV: \$90)

Includes 2 mini-golf tickets, tee signs, printed media recognition, sponsor listed on umrebounders.com & program goody bags, sponsor gift

MVP \$1,000 (FMV: \$170)

Includes marketing table, 4 mini-golf tickets, fence and tee signs, sponsor listed on umrebounders.com & program goody bags, microphone recognition, sponsor gift

TITLE \$3,000 (FMV: \$350)

Includes event title, marketing table, 8 mini-golf tickets, fence & tee signs, sponsor listed on umrebounders.com & program goody bags, microphone recognition, signed & dated ball from coaches & team

PATRON DONORS

For any open donation amount of choice, sponsor will be listed on umrebounders.com

PLEASE COMPLETE THIS ENTIRE FORM FRONT & BACK!

SPONSOR FORMS ARE DUE: APRIL 22

By sponsoring this event, you will directly impact our student-athletes and the Maryland Women's Basketball program! We appreciate your continued support! Thank you for everything you do for us!

Go Terps!

Bunda Frese

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GOLFER REGISTRATION TOTAL FEE	: \$ (please print total am	ount from first page h	ere)				
[] YES I WOULD LIKE TO BE A SPOR	NSOR - PLEASE CHECK ALL T	HAT APPLY:					
[] TESTUDO \$200 (FMV: \$50)	[] MVP \$1,000 (FMV: \$170) [] PATRON DONATION: \$_		DN: \$				
[] COACHES \$500 (FMV: \$90)	[] TITLE \$3,000 (FMV: \$350)						
SPONSOR NAME	PH/EMAIL						
PAYMENT: CIRCLE ONE: CC or Check (Make Check Payable to: UMCP Foundation)							
PLEASE INCLUDE REGISTRATION & SPONSOR AMOUNTS AS TOTAL PAYMENT ENCLOSED: \$							
CC Type: MC / VISA / AMEX CC #:		Exp Date:	CSC Code:				
Name on Card:							
Billing Address: Street:							
Billing Address: City:	State	:	Zip:				
Authorized Signature:		Date:					