

LAUREN'S KIDS TICKET PACKAGE REQUEST FORM

LAUREN'S KIDS CELEBRITY GOLF CLASSIC – Monday, April 4, 2022, at JW Marriott Miami Turnberry Resort Golf Course ACORDIS LAUREN'S KIDS GALA PRESENTED BY SEMINOLE HARD ROCK HOTEL & CASINO – Saturday, May 21, 2022

* Benefiting Lauren's Kids – which is a 501(c)(3) nonprofit organization that works to prevent sexual abuse through education and awareness, and to help survivors heal with guidance and support.

CONTACT INFORMATION:

| First/Last Name: | | | | | |
|------------------|--------|-------|------|--------|-----------|
| Company Name: | Title: | | | | |
| Address: | | City: | | State: | Zip Code: |
| Phone: | Fax: | | Emai | l: | |

LAUREN'S KIDS CELEBRITY GOLF CLASSIC (Monday, April 4, 2022)

| Golf Foursome | Four (4) players with one (1) celebrity player | \$ 3,500 | | \$ |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------|--|----|
| Individual Golfer | One (1) player to be paired with 3 other players and one (1) celebrity player | \$ 900 | | \$ |
| *UDON RECEIPT OF FORM, WE WILL SEND YOU AN EMAIL CONFIRMATION THAT YOU CAN FAY BACK WITH THE NAMES OF YOUR DIAVERS | | | | |

*UPON RECEIPT OF FORM, WE WILL SEND YOU AN EMAIL CONFIRMATION THAT YOU CAN FAX BACK WITH THE NAMES OF YOUR PLAYERS

ACORDIS LAUREN'S KIDS GALA PRESENTED BY SEMINOLE HARD ROCK HOTEL & CASINO (Sat., May 21, 2022)

| *UPON RECEIPT OF FORM, WE WILL SEND YOU AN EMAIL CONFIRMATION THAT YOU CAN FAX BACK WITH THE NAMES OF YOUR GALA GUESTS | | | | |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DESCRIPTION | PRICE | QUANTITY | SUBTOTAL | |
| Ten (10) seats at the Gala, preferred seating; | | | \$ | |
| name/logo listed in program; one (1) centerpiece | \$ 5,500 | | | |
| | | | \$ | |
| Ten (10) seats at the Gala | \$ 3,250 | | | |
| | | | \$ | |
| One (1) seat at the Gala | \$ 350 | | | |
| | DESCRIPTION Ten (10) seats at the Gala, preferred seating; name/logo listed in program; one (1) centerpiece Ten (10) seats at the Gala | DESCRIPTIONPRICETen (10) seats at the Gala, preferred seating; name/logo listed in program; one (1) centerpiece\$ 5,500Ten (10) seats at the Gala\$ 3,250 | DESCRIPTIONPRICEQUANTITYTen (10) seats at the Gala, preferred seating; name/logo listed in program; one (1) centerpiece\$ 5,500Ten (10) seats at the Gala\$ 3,250 | |

| MVP Golf & Gala Package | One (1) Golf Foursome & One (1) Silver Level | \$6,000 | \$ |
|---------------------------|-----------------------------------------------------|-----------|----|
| | I am interested in becoming a sponsor at either the | | |
| Sponsorship Opportunities | Platinum or All-Star Level. Please contact me. | Check Box | \$ |

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|----------------------|---------------------------------------------------------------------------------------------|--------|----|
| Full Page Program Ad | Full Page ad in the Official Program (ad specs will be sent upon receipt of form) | \$ 500 | \$ |
| Half Page Program Ad | Half Page ad in the Official Program (ad specs will be sent upon receipt of form) | \$ 250 | \$ |
| Tee Sign | Company Name or Logo on one (1) dedicated tee sign on golf course at Celebrity Golf Classic | \$ 300 | \$ |

 \Box No, I will not be able to attend. Please accept my donation to Lauren's Kids: \$

GRAND TOTAL:

\$

PAYMENT INFORMATION:

Enclosed is my check payable to Lauren's Kids

Charge my Credit Card (circle one): AMEX

MC

VISA

| Credit Card No. | Expiration Date: | | | |
|------------------|------------------|--------|-----------|--|
| Signature | Security Code: | | | |
| Billing Address: | City: | State: | Zip Code: | |

Thank you for your support! Please e-mail or fax this form to: info@asf-advisors.com Fax: 305.448.3182 Phone: 305.794.0660

This form and payment information must be received by March 4, 2022.