



ForeverStrongGolfClassic

benefitting the Leukemia & Lymphoma Society

Hosted by The Links at Stono Ferry



Participant Registration

Friday, February 22nd 2019

Registration begins at 10:30am

Shotgun start at 12:00pm

Prizes & Awards | Lunch Provided



STUDENTS
OF THE YEAR



Team Forever Strong

2019 Lowcountry Students of the Year Candidates

Every three minutes someone is diagnosed with blood cancer, and more than 33% of blood cancer patients do not survive five years after diagnosis. However, The Leukemia and Lymphoma Society has funded 15 out of 18 FDA approved treatments in 2017. We are teaming up with LLS through the Students of the Year Program to help fight back against cancer.

So, why are we doing this together? Well, we believe in the power of a team! As sophomores at First Baptist School, we realized that it would be more difficult to go on this journey alone, so we decided to become co-candidates. With our combined strengths, we are ready to raise awareness not only for leukemia and lymphoma but for all types of cancer.

We are inspired by LLS' groundbreaking work and admire the patients for staying strong and not giving up hope. This is why we chose the name, Team Forever Strong.

Sincerely,

Hagan and Caroline

Learn more about the Students of the Year Campaign and Team Forever Strong's efforts by visiting their online fundraising page:

<https://events.lls.org/sc/scsoy19/tforeverst>

2019 Participant Registration Form

Thank you for participating in the Forever Strong Golf Classic benefiting the Leukemia & Lymphoma Society. Please complete the form below and return to:

Team Forever Strong

Tonya Urashima, *Turashima@bellsouth.com*

_____ Team of 4 players \$500

_____ Individual Registration \$125 (will be assigned to a team)

TEAM

Team Captain Name: _____

Team Member Name: _____

Team Member Name: _____

Team Member Name: _____

(if a partial team—please fill in the names of your known team members and pay the per person registration fee for each confirmed Team member)

INDIVIDUAL

Individual Name: _____

Company Name (if applicable) : _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Signature: _____

_____ Check enclosed (make payable to Leukemia & Lymphoma Society) for \$ _____

_____ Please email me an invoice for the total amount

_____ I will pay via Venmo in the amount of \$ _____

_____ Please charge the following credit card in the amount of \$ _____

_____ Visa ___ MC ___ Amex ___ Discover

Credit Card # _____ Exp Date ____ / ____ CVV: _____

Name: _____ Signature: _____

The Tax Deductible amount of your registration Fee = \$65.00 per individual * For tax purposes, this receipt will serve as our official acknowledgment of your contribution, in accordance with Section 170 (f) (8) of the Internal Revenue Code. Thank you again for your support. (EIN 13-5644916)

