



The Jacob's Team Foundation is a non-profit organization established to raise money for the diagnosis, treatment and eventual cure of autism. We are organized exclusively for charitable, educational and scientific purposes, including, for such purposes, as making distributions to organizations that qualify as exempt organizations under section(c)(3) of the Internal Revenue Code.

This is the 2nd annual Jacob's TEAM golf tournament to raise money for local organizations that support children with autism.

Jacob's TEAM Foundation

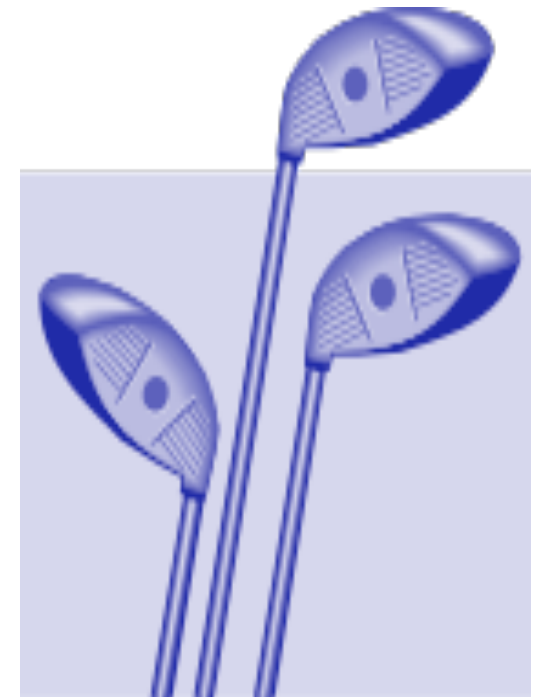
*Autism Awareness and Support
One Piece at a Time*

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Jacob's TEAM Foundation

*Autism Awareness and Support
One Piece at a Time*

**Jacob's Team 2nd
Annual Golf Outing
2009**



**Tuesday, October 6th
Madison Country Club
Madison, CT**

TOURNAMENT SCHEDULE

Registration	11:00 am
Lunch	11:30 am
Tee Off—shotgun format	12:30 pm
Cocktails and Dinner	5:00 pm

TOURNAMENT FEE

The tournament fee is \$180 and includes the following:

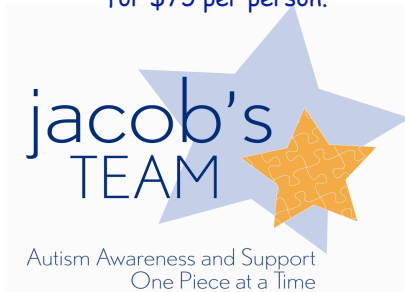
Green Fees	Lunch
Golf Cart	Cocktails
Player Gift	Dinner

PRIZES AND CONTESTS

The golf tournament will play as a scramble format. Golfers can test their skills (and luck), and compete for prizes awarded for:

- Hole in One
- Closest to the pin
- Longest Drive
- Men's, Women's & Mixed Divisions:
 - Low gross
 - Low net

All non-golfers are invited to join us for dinner for \$75 per person.



TOURNAMENT SPONSORS

Join the growing list of sponsors to help make the tournament a greater success! Sponsorship levels are described below:

Title	\$5,000
Platinum	\$3,000
Gold	\$2,000
Friend	<\$2,000
Green Sponsor	\$250
Tee Sponsor	\$100

If you are interested in donating at any of the above levels, please contact us via email or phone and mail check payable to Jacob's Team Foundation. All 2009 sponsors will receive recognition in all tournament promotional display advertising and prominent tournament day display of your company logo or name.

THANK YOU TO ALL 2009 SPONSORS!

REGISTRATION FORM

We will play as a foursome:

Name	
Address	
Phone	
Email	Handicap

Name	
Address	
Phone	
Email	Handicap

Name	
Address	
Phone	
Email	Handicap

Name	
Address	
Phone	
Email	Handicap

I will play as an individual. Please put me in a foursome.

Name	
Address	
Phone	
Email	Handicap

Full payment must accompany all registrations and must be mailed to PO Box 832, Madison, CT 06443 on or before September 30, 2009. Please make checks payable to Jacob's Team Foundation. Amount Due is as follows:
 Foursome \$720 Individual \$180
 Dinner Only \$75