

## BE AN ADVERTISER!

Your ad will be seen by prominent area business people, along with the general public. Camera ready ads are requested, however, FIND-A-CURE can provide layout and design assistance.

### AD RATES (Book Size 6" x 9")

#### Please check one:

- Outside Back Cover ..... \$350
- Inside Front Cover ..... \$300
- Inside Back Cover ..... \$300
- Full Page (4-1/2" x 7-1/2") ..... \$200
- Half Page (4-1/2" X 3-3/4") ..... \$150
- Quarter Page Ad (Bus. card) ..... \$95

Please check the appropriate box above and supply your check and camera ready ad. If your message must be type set, clearly print below:

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**AD DEADLINE SEPTEMBER 10, 2006**

Any Questions, call 1-732-288-0546  
or e-mail us at [findacure@comcast.net](mailto:findacure@comcast.net)

## WHAT IS DUCHENNE?

*\*Children's Duchenne* is a terminal disease that destroys virtually every muscle in a child's body until a fertile young mind is trapped in a useless shell.

*\*Duchenne Children* are usually wheelchair bound by the age of seven and death occurs from complications due to total paralysis in the teen years.

*\*Children's Duchenne* affects 1 in every 3,500 boys and more than 100,000 in the U.S. alone!

*\*Duchenne* can affect any family at any time.

*\*FIND-A-CURE* is a 501(c)3 nonprofit organization that was founded and based in Ocean County, N.J.

NON PROFIT ORG.  
PERMIT NO. 143  
U.S. POSTAGE  
PAID  
ISLAND HEIGHTS  
NJ 08732

FIND-A-CURE for Children with Duchenne, Inc.  
P.O. Box 33  
Island Heights, NJ 08732-0033

# FIND-A-CURE

for Children  
with Duchenne, Inc.

## 9th Annual Golf Classic



of BRICK, NJ

MONDAY  
SEPTEMBER 25, 2006



*Battleground*  
Country Club  
40 Millhurst Road  
Englishtown, NJ 07726

E-mail: [findacure@comcast.net](mailto:findacure@comcast.net)

Additional Copies at Web Site: [www.findacure.com](http://www.findacure.com)

## SCHEDULE FOR THE DAY

Check In: 11:00 AM to 12:00 AM  
Lunch: 11:30 AM to 12:30 PM  
Shot Gun Start: 12:30 PM

5:30 PM Cocktail Party  
6:30 PM Dinner

(Both at the Battlegrounds Country Club)

Casual Attire Appropriate for Dinner

**Lunch, Hospitality Food Stations,  
and Dinner Compliments of:**



## AWARDS

**PLENTY INCLUDING:**  
**Year 2006 Automobile**  
**Longest Drive**  
**and MORE!**

**Download more brochures at:**  
**[www.findacure.com](http://www.findacure.com)**

**BE PREPARED FOR FUN!**

## BE A SPONSOR!

**INCLUDED WITH YOUR  
SPONSORSHIP OR PATRONAGE:**  
Cart & Greens Fees, Complimentary Lunch &  
Dinner, Complimentary Food & Beverages  
on the Course, Admission to Cocktail Party

### **GOLD SPONSOR .....\$1750**

4 Golf Entries, Full Page Ad (Primary Placement) in program, Company Sign on Tee, Golf Shirt for each player, Opportunity to merchandise your company with prizes and giveaways in players bags, valet.

### **CART SPONSOR .....\$800**

2 Golf Entries, Full Page Ad in Program, Company Sign on Tee

### **CORPORATE SPONSOR .....\$700**

2 Golf Entries, Half Page Ad in Program, Company Sign on Tee

### **HOLE SPONSOR .....\$350**

1 Golf Entry, Company Sign on Tee

### **GOLF PATRON .....\$260**

1 Golf Entry (Entries limited to first 160 players)

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### **COCKTAIL PARTY & DINNER ONLY**

**\$85 per person**

**Registration and Payment  
Deadline: September 10, 2006**

## REGISTRATION

Please check one:

- GOLD SPONSOR**
- CART SPONSOR**
- CORPORATE SPONSOR**
- HOLE SPONSOR**
- GOLF PATRON**
- COCKTAIL PARTY & DINNER ONLY**

Golfer #1 Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ph# (H) \_\_\_\_\_ (W) \_\_\_\_\_

Golfer #2 Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ph# (H) \_\_\_\_\_ (W) \_\_\_\_\_

Golfer #3 Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ph# (H) \_\_\_\_\_ (W) \_\_\_\_\_

Golfer #4 Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ph# (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Pay by check and mail to:**

**FIND-A-CURE for Children with Duchenne, Inc.**  
**P.O.Box 33**  
**Island Heights, N.J. 08732**  
**OR**

**Pay by American Express, VISA or MasterCard:**

Card No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_