

Tournament Details

DATE: Saturday, September 12, 2009

FORMAT: 4-Person Scramble

COST: Regular Registration
\$75. Per Person*
before August 29th **Sept 5th.**

~~Late Registration~~
~~\$80.~~ Per Person*
~~August 30th – September 5th~~

**Cost per person includes green fees,
cart, lunch, range balls and prizes.*

ENTRY DEADLINE: September 5, 2009

SCHEDULE: 7:30 a.m. Registration
8:30 a.m. Shotgun Start

WHERE: Saddlebrook Golf Course
5516 Arabian Run
Indianapolis, IN 46228
www.saddlebrookgolf.com

THANK YOU for your participation!

Together with your help we have raised over \$173,500.00 for The Leukemia & Lymphoma Society since 1997.

Presenting Sponsor:



Donation / Entry Form

- Yes, I/we can field a team**
Please fill out reverse side of form
- I want to participate but I don't have a foursome**
(No Problem – Please see reverse side of form)
- In Honor/Memory** (name) **\$15.**
(Name with photo) **\$25.**
Signage at one hole, recognition in program (Please see Memory/Honor Holes section)
- Bronze Hole Sponsor** **\$50.**
Signage at one hole, recognition in program
- Silver Hole Sponsor** **\$115.**
Signage at one hole, recognition in program plus green fees, carts, lunch, range balls for 1
- Gold Hole Sponsor** **\$350.**
Signage at one hole, recognition in tournament program plus green fees, carts, lunch, range balls for 4
- No I/we can't** (or don't) play this year but we would like to help find a cure.

Donation (Entry or Sponsor) \$ _____

Payment Method Check* Charge

MasterCard Visa Discover

Card# _____

Expiration Date _____ CVC _____

Signature _____

*Please make all **checks** payable to:

Chad's Challenge Foundation Inc.

Donation/Entry Fees are **tax deductible** as a charitable contribution per IRS regulations.

Please complete and mail Donation/Entry Form with payment to:

Chad's Challenge
c/o Barry & Betty Bouse
7575 Castleton Farms W. Dr.
Indianapolis, IN 46256

email: ChadsChallenge@sbcglobal.net

Memory / Honor Holes

Because of the great response last year we will again be offering Memory/Honor Holes Sponsorships.

We offer these because we realize that not everyone who has lost someone or who wishes to honor someone has the opportunity or resources to conduct their own golf tournament.

You can have the name or name and photo of your loved one placed on a sign at one hole and listed in the tournament program.

Please designate either:

In Honor of or **In Memory** of

(List name exactly as you wish it to appear)

by _____
(List your name as you wish it to appear)

Name only **\$15.**

Name & Photo* **\$25.**

*Please forward photo via e-mail to: ChadsChallenge@sbcglobal.net If you do not have an electronic version and wish to forward a hard copy photo please include a self-addressed stamped envelope for return of your photo.

If you have any questions please call Betty at 317-514-2283.

Thank You for your support!

Who was Chad?



Dr. Chad Marvel

May 12, 1979
To
April 6, 1997

This tournament is named in memory of Dr. Chad Marvel. Chad was diagnosed with Chronic Myelogenous Leukemia in April 1994. A truly unique and inspiring individual, Chad won the hearts of all that knew him. Chad had always wanted to be a doctor and gladly took part in several research protocols in the hope that others would benefit from what was learned from his case.

So impressed were the doctors and staff at Riley Hospital with Chad's winning attitude and selfless courage, they made his dream come true. On April 2, 1997, Chad became "Dr. Chad Marvel" as he was presented with an Honorary Doctorate of Medicine Degree from the IU School of Medicine. A few days later, Dr. Chad succumbed to complications from his 2nd transplant and went home to be with Jesus.

What's the challenge?

To help find a cure for leukemia and other blood related cancers, and to help improve the quality of life of patients and their families by playing in or supporting this tournament where all proceeds benefit:

Please complete the following information for all players in your group. If you have less than 4 in your group don't worry we'll complete your foursome for you.

Player 1: _____
Address _____
_____ Zip _____

Phone _____
e-mail _____

Player 2: _____
Address _____
_____ Zip _____

Phone _____
e-mail _____

Player 3: _____
Address _____
_____ Zip _____

Phone _____
e-mail _____

Player 4: _____
Address _____
_____ Zip _____

Phone _____
e-mail _____

Amount \$ _____

Payment Method Check(s)* Charge
 MasterCard Visa Discover AE
Card # _____

Expiration Date _____

Signature _____

*Please make all checks payable to:
Chad's Challenge Foundation, Inc.

Thank You for taking part in **Chad's Challenge** and helping to find a cure!

12th Annual



Saturday Sept. 12, 2009

4-Person Scramble

8:30 a.m. Shotgun Start

All proceeds benefit:



**Saddlebrook
Golf Course**

5516 Arabian Run
Indianapolis, IN 46228