

**The 21st Annual Jack in the Box® Charity Golf Tournament  
June 8-9, 2011 / Renaissance Esmeralda Resort & Spa / Indian Wells, Calif.**

## **Golf (Non-Sponsor) Package**



**The 21<sup>st</sup> Annual Jack in the Box<sup>®</sup> Charity Golf Tournament**  
**June 8-9, 2011 / Esmeralda Resort & Spa / Indian Wells, Calif.**

**TOURNAMENT & EVENTS REGISTRATION**

**Optional Packages (Golfers):**

**Birdie Package:** (#) \_\_\_\_\_ @ \$50 ea. \$ \_\_\_\_\_  
(\$80 value) Package includes 8 Cash & Prize raffle tickets\*.

**Eagle Package:** (#) \_\_\_\_\_ @ \$100 ea. \$ \_\_\_\_\_  
(\$180 value) Package includes 20 Cash & Prize raffle tickets\*.

**Albatross Package:** (#) \_\_\_\_\_ @ \$200 ea. \$ \_\_\_\_\_  
(\$300 value) Package includes 36 Cash & Prize raffle tickets\*.

**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_

\* **Cash & Prize** raffle tickets will be sold at the tournament for \$10 each or 12 tickets for \$100. Raffle tickets will be drawn during the Welcome Reception; you must be present to win! The Cash & Prize raffle will offer many great prizes. Pre-purchased Cash & Prize raffle tickets will be given to attendees at event check-in.

**Mini Tournament:** Niall Armstrong of Tutton Insurance Services is coordinating this year's Mini Tournament, which will be held on Wednesday, June 8, at 9:30 a.m., at Indian Wells Golf Resort, Players Course. To register, please contact Niall at 949/417-4046 or niall@tutton.com. Limited to the first 80 golfers. Fee is \$85 per golfer, which covers green fees and cart fees. Reservations must be received no later than May 15.

Please make **Mini Tournament** checks payable to Niall Armstrong and mail to:

Niall Armstrong, Tutton Insurance Services, 2913 Pullman Street, Santa Ana, CA 92705

**Payment by credit card:**

Full name as shown on card: \_\_\_\_\_

Card Type:     MasterCard     Visa     American Express

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

Expiration date: \_\_\_\_\_    Billing address zip code: \_\_\_\_\_

Please fax this form to Ida Friemuth at 858/571-2225.

**Payment by check:** Please consider paying by check. You'll help reduce credit card fees and increase our charity donation to Big Brothers Big Sisters! Please make your check payable to *The Jack in the Box Foundation* and mail to:

Ida Friemuth  
The Jack in the Box Foundation  
9330 Balboa Avenue  
San Diego, CA 92123

*The Jack in the Box Foundation is a 501(c) (3) non-profit organization.  
Donations are tax deductible, as allowable by law.*

**Questions? Email: [jib.golf@jackinthebox.com](mailto:jib.golf@jackinthebox.com) Phone: 858/571-2182**

**AN ATTENDEE FORM FOR EACH ATTENDEE YOU ARE REGISTERING  
MUST BE COMPLETED AND RETURNED WITH THIS FORM.**

**The 21st Annual Jack in the Box® Charity Golf Tournament**  
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**ATTENDEE FORM**

*Please complete for all attendees you are registering. If registering more than four, please photocopy form. Attendee names provided will be used for name badges. Only registered attendees will be allowed to attend scheduled events.*

**Attendee #1:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

*(Please list yourself as Attendee #1 -- you will be the primary contact for your group)*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*(street/city/state/zip)*

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_  
*(Please provide email address!)*

Attendee #1     JIB Franchisee     JIB Vendor     JIB Employee     Other \_\_\_\_\_  
*(Spouse/Child/Friend)*

**Will Attendee #1 participate in the Jack in the Box Golf Tournament?**     Yes     No

**If yes, which event(s) will Attendee #1 attend?**

Welcome Reception, *Wednesday, June 8*

Golf Tournament, *Thursday, June 9*

Golfers Lunch, *Thursday, June 9*

Golfers Breakfast, *Thursday, June 9*

Charity Banquet, *Thursday, June 9 (Vegetarian? )*  
*Charity Banquet is for adults only (21 years and older)*

**If a Non-Golfer, for which package is Attendee #1 registering?**

Welcome Reception/Charity Banquet     Charity Banquet Only     Spa Package     Young Guests' Pkg./Welcome Reception

Does Attendee #1 plan to stay at Renaissance Esmeralda Resort & Spa?     Yes     No

**Attendee #2:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*(street/city/state/zip)*

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_  
*(Please provide email address!)*

Attendee #2     JIB Franchisee     JIB Vendor     JIB Employee     Other \_\_\_\_\_  
*(Spouse/Child/Friend)*

**Will Attendee #2 participate in the Jack in the Box Golf Tournament?**     Yes     No

**If yes, which event(s) will Attendee #2 attend?**

Welcome Reception, *Wednesday, June 8*

Golf Tournament, *Thursday, June 9*

Golfers Lunch, *Thursday, June 9*

Golfers Breakfast, *Thursday, June 9*

Charity Banquet, *Thursday, June 9 (Vegetarian? )*  
*Charity Banquet is for adults only (21 years and older)*

**If a Non-Golfer, for which package is Attendee #2 registering?**

Welcome Reception/Charity Banquet     Charity Banquet Only     Spa Package     Young Guests' Pkg./Welcome Reception

Does Attendee #2 plan to stay at Renaissance Esmeralda Resort & Spa?     Yes     No

**The 21st Annual Jack in the Box® Charity Golf Tournament -- Attendee Form**

**Attendee #3:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(street/city/state/zip)  
Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_  
(Please provide email address!)

Attendee #3     JIB Franchisee     JIB Vendor     JIB Employee     Other \_\_\_\_\_  
(Spouse/Child/Friend)

**Will Attendee #3 participate in the Jack in the Box Golf Tournament?**     Yes     No  
**If yes, which event(s) will Attendee #3 attend?**

Welcome Reception, *Wednesday, June 8*  
 Golf Tournament, *Thursday, June 9*                       Golfers Lunch, *Thursday, June 9*  
 Golfers Breakfast, *Thursday, June 9*                       Charity Banquet, *Thursday, June 9 (Vegetarian? )*  
*Charity Banquet is for adults only (21 years and older)*

**If a Non-Golfer, for which package is Attendee #3 registering?**

Welcome Reception/Charity Banquet     Charity Banquet Only     Spa Package     Young Guests' Pkg./Welcome Reception

Does Attendee #3 plan to stay at Renaissance Esmeralda Resort & Spa?     Yes     No

**Attendee #4:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(street/city/state/zip)  
Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_  
(Please provide email address!)

Attendee #4     JIB Franchisee     JIB Vendor     JIB Employee     Other \_\_\_\_\_  
(Spouse/Child/Friend)

**Will Attendee #4 participate in the Jack in the Box Golf Tournament?**     Yes     No  
**If yes, which event(s) will Attendee #4 attend?**

Welcome Reception, *Wednesday, June 8*  
 Golf Tournament, *Thursday, June 9*                       Golfer's Lunch, *Thursday, June 9*  
 Golfer's Breakfast, *Thursday, June 9*                       Charity Banquet, *Thursday, June 9 (Vegetarian? )*  
*Charity Banquet is for adults only (21 years and older)*

**If a Non-Golfer, for which package is Attendee #4 registering?**

Welcome Reception/Charity Banquet     Charity Banquet Only     Spa Package     Young Guests' Pkg./Welcome Reception

Does Attendee #4 plan to stay at Renaissance Esmeralda Resort & Spa?     Yes     No

**REQUESTED GOLF PARTNERS:** \_\_\_\_\_

**Please fax Attendee and Registration forms to 858/571-2225 or mail to:**  
**Ida Friemuth, The Jack in the Box Foundation**  
**9330 Balboa Avenue / San Diego, CA 92123**  
**Questions? Email: [jib.golf@jackinthebox.com](mailto:jib.golf@jackinthebox.com) Phone: 858/571-2182**