



***Golf Tournament  
May 15, 2017***

***Sponsorship Levels***

- TOURNAMENT SPONSOR*** ***\$5,000***
- Four teams of four players
  - Recognition on advertising, marketing, PR materials and golf carts
  - Special recognition at the tournament
- GOLD SPONSOR*** ***\$3,000***
- Two team of four players
  - Recognition on advertising, marketing, PR materials and golf carts
- LUNCHEON & RECEPTION SPONSOR*** ***\$2,000***
- Recognition on advertising, marketing and PR materials
  - Prominent recognition at luncheon and the reception
- SILVER SPONSOR*** ***\$1,500***
- Recognition on advertising, marketing and PR materials
- PUTTING CONTEST SPONSOR*** ***\$750***
- Recognition at the putting contest & the reception
- BRONZE SPONSOR*** ***\$250***
- Recognition at the luncheon and the reception
- HOLE SPONSOR*** ***\$200***
- Signage at tee

*For additional information, please call  
Kenda Leager ([kleager@compassregionalhospice.org](mailto:kleager@compassregionalhospice.org)) or  
Kristen Majchrzak ([kmajchrzak@compassregionalhospice.org](mailto:kmajchrzak@compassregionalhospice.org))  
443-262-4106  
Fax 410-758-2185*



### Golf Registration Form – Part I

#### CONTACT INFORMATION (Please print)

Contact Name \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

E-Mail \_\_\_\_\_

Telephone \_\_\_\_\_

#### SPONSORSHIP LEVELS

- |   |         |  |         |
|---|---------|--|---------|
| <input type="checkbox"/> Tournament Sponsor           | \$5,000 | <input type="checkbox"/> Silver Sponsor          | \$1,500 |
| (Tournament Sponsor includes four foursomes)          |         | <input type="checkbox"/> Putting Contest Sponsor | \$ 750  |
| <input type="checkbox"/> Gold Sponsor                 | \$3,000 | <input type="checkbox"/> Bronze Sponsor          | \$ 250  |
| (Gold Sponsor includes two foursomes)                 |         | <input type="checkbox"/> Hole Sponsor            | \$ 200  |
| <input type="checkbox"/> Luncheon & Reception Sponsor | \$2,000 |  |         |

#### GOLFERS *Please choose one tournament play option and complete the registration form Part II.*

- 18-Hole**
- \$125 per golfer \$ \_\_\_\_\_
  - \$500 per team \$ \_\_\_\_\_
- (\$40 is tax deductible per golfer)
- Golfers Package (\$30/one per golfer)** \$ \_\_\_\_\_
- Includes closest to the pin contest, putting contest, second chance contest)

#### OTHERS

- I am unable to attend and wish to contribute \$ \_\_\_\_\_
- Lunch for non-golfer \$25 \$ \_\_\_\_\_
- Awards Ceremony for non-golfer \$40 \$ \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

#### PAYMENT INFORMATION

- Check made payable to *Compass Regional Hospice* is enclosed.
- Credit card:  Visa  MasterCard  Discover  American Express
- Name on card \_\_\_\_\_
- Card number \_\_\_\_\_
- Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_
- Amount to be charged \_\_\_\_\_
- Authorized signature \_\_\_\_\_



***Golf Registration Form – Part II***

*(please print)*

**Golfer Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Low Score: \_\_\_\_\_

**Golfer Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Low Score: \_\_\_\_\_

**Golfer Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Low Score: \_\_\_\_\_

**Golfer Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Low Score: \_\_\_\_\_