



# Registration Form—Hospital Foundation Outing

## 6th Annual "Event 'Fore' Caring"

Wednesday, September 14, 2011 - North Branch Golf Course—11:00 a.m. tee time

### PARTICIPANT SECTION

\_\_\_\_ Foursome - \$400 Team Name \_\_\_\_\_  
(for promotional listings)

\_\_\_\_ Individual - \$100

PLAYER NAME	e-mail	Handicap or Avg Score	Club member?	Captain
_____	_____	_____	Yes—No	<input type="checkbox"/>
_____	_____	_____	Yes—No	<input type="checkbox"/>
_____	_____	_____	Yes—No	<input type="checkbox"/>
_____	_____	_____	Yes—No	<input type="checkbox"/>

### SPONSORSHIPS/DONATIONS SECTION

- \_\_\_\_ Tournament Sponsor \$5,000 Headline sponsor on all materials, banner at entrance, foursome, recognition at start—peak visibility
- \_\_\_\_ Lunch Sponsor \$1,500 Feature in program, banner at clubhouse, lunch promotion opportunity - exceptional visibility
- \_\_\_\_ Auction Sponsor \$ 750 Title sponsor of mobile auction—text sponsor message to all players—signage—high visibility
- \_\_\_\_ Driving Range \$ 600 Includes 1/2 bucket of balls for all players, signage at range—high visibility
- \_\_\_\_ Awards Reception \$ 500 Sponsor post-event reception, signage at event - high visibility
- \_\_\_\_ Skill Contest \$ 400 Includes prize, signage & networking at hole \_\_\_\_\_ Putting Contest  
 \_\_\_\_\_ Longest Drive (Men's or Women's) \_\_\_\_\_ Closest-to-Pin \_\_\_\_\_ Most Accurate Drive
- \_\_\_\_ Hole-in-one \$ 400 Includes policy to cover 3 hole-in-one contests
- \_\_\_\_ Scoreboard Sponsor \$ 300 Two sponsorships available
- \_\_\_\_ Hole Sponsorship \$ 250 Sponsor the hole and set-up booth at tee if desired
- \_\_\_\_ Cart Sponsor \$ 200 Cart sponsor for the day (multiple sponsors)
- \_\_\_\_ Item Sponsor \$ 150 Sponsor featured auction item
- \_\_\_\_ Program Sponsor \$ 100 Text Listing in golf program
- \_\_\_\_ Prize/Cash Donation We can't participate but support the efforts of DCMH with a prize or cash donation of \_\_\_\_\_



### PAYMENT METHOD (Checks should be made payable to the Hospital Foundation of Decatur County)

Total Support Due \$ \_\_\_\_\_  Check Enclosed  Charge Credit Card  Invoice Please

Name/Company \_\_\_\_\_

Primary Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

PH \_\_\_\_\_ FAX \_\_\_\_\_

MasterCard Visa # \_\_\_\_\_ Exp \_\_\_\_\_ 3-digit Verify Code \_\_\_\_\_

Signature \_\_\_\_\_