



HOSPITAL
FOUNDATION
of Decatur County

Registration Form—Support Decatur County Memorial Hospital

13th Annual Hospital Foundation "Event 'Fore' Caring"

Wednesday, September 19, 2018— North Branch Golf Course—11:00 a.m. tee time

PARTICIPANT SECTION

_____ Foursome - \$400.00 _____ Individual - \$100.00 Team Name _____
(for promotional listings)

After Sept. 10- \$500.00 -Foursome, \$125.00-Individual

PLAYER NAME	e-mail	Handicap or Avg Score	Captain
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

SPONSORSHIPS/DONATIONS OPPORTUNITIES

- \$2000.00 Tournament Sponsor ----- Includes your name on all marketing materials, including the tournament program, banner at entrance, a foursome and special recognition throughout the tournament.
- \$500.00 Awards Ceremony ----- Sponsor post-event reception with signage at the event.
- \$500.00 Putting Contest ----- Signage at the Putting green, as well at networking opportunities and mention in the tournament program.
- \$500.00 Skills Contest ----- 3 Opportunities. Includes signage at the hole plus networking opportunities and mention in the tournament program.
Longest Drive (Men's and Women's) Closest to Pin Most accurate drive
- \$400.00 Hole In One Sponsor ----- Unavailable-PIZZA KING is our Hole In One Sponsor!
- \$300.00 Scoreboard Sponsor ----- 2 Opportunities available
- \$250.00 Hole Sponsor ----- Recognition at hole plus networking opportunities.
- \$200.00 Cart Sponsor ----- Includes your name on the cart. Multiple opportunities
- \$100.00 Program Ad ----- Business card size ad in tournament program.
- \$ _____ Prize Donation
- \$ _____ Donation

Networking opportunities include a booth/table at your sponsored hole, can be manned or unmanned.

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

\$ _____ Total Due From Above Check Enclosed Charge Credit Card Invoice Please

Company/Name _____

Contact Name _____ E-mail _____

Address _____

City _____ St _____ Zip _____

PH _____ FAX _____

MasterCard Visa # _____ Exp _____ 3-digit Verify Code _____

Signature _____