

— 23rd Annual —

GOLF TOURNAMENT

May 18, 2020 | Prospect Bay Country Club

SPONSORSHIP LEVELS

TOURNAMENT SPONSOR **\$5,000**

Two team of four players

Recognition on advertising, marketing and PR materials

GOLD SPONSOR **\$2,500**

One team of four players

Recognition on advertising, marketing and PR materials

LUNCHEON & RECEPTION SPONSOR **\$1,500**

Recognition on advertising, marketing and PR materials

Prominent recognition at luncheon and the reception

SILVER SPONSOR **\$1,000**

Recognition on advertising, marketing and PR materials

PUTTING CONTEST SPONSOR **\$750**

Recognition at the putting contest & the reception

HOLE SPONSOR **\$300**

Signage at tee



FOR ADDITIONAL INFORMATION, PLEASE CONTACT:

Kenda Leager: kleager@compassregionalhospice.org

443-262-4106 · Fax 410-758-2185

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GOLF REGISTRATION FORM

CONTACT INFORMATION

Contact Name: _____

Organization: _____

Mailing Address: _____

E-Mail: _____

Telephone: _____

SPONSORSHIP LEVELS

- | | | | |
|---|---------|---|---------|
| <input type="radio"/> Tournament Sponsor | \$5,000 | <input type="radio"/> Silver Sponsor | \$1,000 |
| <input type="radio"/> Gold Sponsor | \$2,500 | <input type="radio"/> Putting Contest Sponsor | \$750 |
| <input type="radio"/> Lunch & Reception Sponsor | \$1,500 | <input type="radio"/> Hole Sponsor | \$300 |

GOLFERS

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

18-Hole

- | | |
|--|----------|
| <input type="radio"/> \$125 per golfer | \$ _____ |
| <input type="radio"/> \$500 per team | \$ _____ |

OTHERS

- | | |
|--|----------|
| <input type="radio"/> I am unable to attend and wish to contribute | \$ _____ |
| <input type="radio"/> Lunch for non-golfer \$25 | \$ _____ |

Total Due: \$ _____

(\$40 is tax deductible per golfer)

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GOLF REGISTRATION FORM

GOLFER NAME: _____ **GOLFER NAME:** _____

Address: _____ *Address:* _____

Phone: _____ *Phone:* _____

Email: _____ *Email:* _____

Low Score/Handicap: _____ *Low Score/Handicap:* _____

GOLFER NAME: _____ **GOLFER NAME:** _____

Address: _____ *Address:* _____

Phone: _____ *Phone:* _____

Email: _____ *Email:* _____

Low Score/Handicap: _____ *Low Score/Handicap:* _____

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: _____