



Golf Tournament May 21, 2018

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) or
Kristen Majchrzak (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

- Tournament Sponsor \$5,000 Silver Sponsor \$1,500
(Tournament Sponsor includes four foursomes) Putting Contest Sponsor \$ 750
- Gold Sponsor \$3,000 Bronze Sponsor \$ 250
(Gold Sponsor includes two foursomes) Hole Sponsor \$ 200
- 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)

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/Handicap: _____

Golfer Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Low Score/Handicap: _____

Golfer Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Low Score/Handicap: _____

Golfer Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Low Score/Handicap: _____