GOLF for Women's Health THIRD ANNUAL GOLF AND TENNIS OUTING

SPONSORSHIP FORM

☐ Presenting Sponsor\$15,000			
Lunch and Dinner Sponsor\$10,000			
Gold Sponsor\$5,000			
Silver Sponsor\$2,500			
☐ Bronze Sponsor\$1,000			
Tee/Green Sponsor \$150			
Tennis Court Sponsor \$150			
Golf Tournament Player \$150			
Tennis Tournament Player \$75			
Golf Player(s) at \$150 each =			
Tee Time Preference (first come first serve) AM PM			
Tennis Player(s) at \$75 each =			
Name			
Company			
Address			
City/State/Zip			
Phone			
Email			
I cannot attend, but would like to donate			
Dinner only.			
I am bringing a reception guest at \$50.			
Guest's Name			
If you would like to donate an item for our raffle or auction,			
please describe it below and indicate approximate value.			
process account to octobe when themeter approximate dume.			



PLAYER REGISTRATION

GOLF TENNIS

1	Name			
	Address			
	City/State/Zip			
	Email	Shirt size: M L XL 2XL 3XL		
	Phone	Cell		
2	Name			
	Address			
	City/State/Zip			
	Email	Shirt size: M L XL 2XL 3XL		
	Phone	Cell		
3	Name			
	Address			
	City/State/Zip			
	Email	Shirt size: M L XL 2XL 3XL		
	Phone	Cell		
4	Name			
	Address	ddress		
	City/State/Zip			
	Email	Shirt size: M L XL 2XL 3XL		
	Phone	Cell		
Please make check payable to Melrose-Wakefield Hospital or complete the charge information below. American Express Mastercard Discover Visa				
	Name			
	Card Number	Exp.		
	Amount	Signature		