

SPONSOR LEVELS

- **Championship (\$2,500)**
 - Recognized as Event Sponsor
 - Corporate name will be attached to all event advertising
 - Recognized at one hole or tee
 - Recognition at course
 - Leader board recognition
 - Event program recognition
 - 8 golfers
- **Eagle (\$1,500)**
 - Recognized as Event Sponsor
 - Recognition at Course
 - Recognized at one hole or tee
 - Leader board recognition
 - Event program recognition
 - 4 golfers
- **Birdie (\$1,000)**
 - Leader board recognition
 - Event program recognition
 - Recognition at one hole or tee
 - 4 golfers
- **Par (\$500)**
 - Event program recognition
 - Leader board recognition
 - Recognition at one hole or tee
- **Prize Sponsor (\$250)**
 - Event program recognition
 - Opportunities to sponsor special contests or door prizes
- **Hole Sponsor (\$100)**
 - Event program recognition
 - Recognition at one hole or tee



Friday, July 16, 2010

Tamer Win Golf and Country Club

2940 Niles Cortland Road, NE
Cortland, Ohio 44410



FORMAT:

- 18 hole scramble, which includes greens fee, cart, meals, refreshments, gifts and door prizes
- Mulligan / Skins
- 50/50 Raffle

SCHEDULE:

- 7:00 a.m.** – First Flight Registration
8:00 a.m. – First Flight Tee Off Time
1:00 p.m. – Lunch for First Flight
Awards and prizes distributed for First Flight
- 1:00 p.m.** – Second Flight Registration
2:00 p.m. – Second Flight Tee Off Time
7:00 p.m. – Dinner for Second Flight
Awards and prizes distributed for Second Flight

COST:

\$260 per team / **\$65** per golfer



Awards will also be given for a variety of contests: longest drive, longest putt, closest to the pin and hole-in-one challenge.

Cut along dotted line

REGISTRATION

(Please Print)

Team contact: _____ Daytime Phone: _____

Company Name: _____

Address: _____

City _____ State: _____ Zip: _____

- First Flight 8:00 a.m. Second Flight 2:00 p.m.
(Please select, Assigned on first come first-served basis.)

Name 1 _____ Name 2 _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone (day) _____ Phone (day) _____

Name 3 _____ Name 4 _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone (day) _____ Phone (day) _____

Please indicate participation level: (see levels on back)

- Championship \$2,500 (\$1,900 tax deduct.) Prize Sponsor \$250 (\$225 tax deduct.)
 Eagle \$1,500 (\$1,100 tax deduct.) Hole Sponsor \$100 (\$70 tax deduct.)
 Birdie \$1000 (\$600 tax deduct.) Golfer \$65 (\$28 tax deduct.)
 Par \$500 (\$475 tax deduct.) _____ # of Golfers

_____ Dinner **ONLY** Number of reservations @ \$20 each – catered by Aulizio's

Check Enclosed Unable to attend, contribution enclosed.

Credit Card # _____ Exp. date _____

Mastercard Signature _____

Visa

Discover Sponsorship/Golf Fee \$ _____

American Express Dinner ONLY _____: \$ _____

Make all checks payable to: Total Amount Remitted: \$ _____

Hillside Rehabilitation Hospital

ATTN: Adapted Sports

8747 Squires Lane, NE

Warren, Ohio 44484

Forum
HEALTH®

Return this form and payment by June 23, 2010. Call 330-841-3655 for more information.