



COMMUNITY MEMORIAL HEALTHCARE FOUNDATION
NICU GOLF
 TOURNAMENT
 Proceeds benefit Community Memorial
 Hospital's Neonatal Intensive Care Unit

Monday, July 26, 2010 • Saticoy Country Club
Sponsor Participation Form

Registration – 8:30 a.m.
 Shotgun Start – 10:00 a.m.

CALLOWAY ONLY

Entries for the golf tournament must be received by July 16, 2010.

Register online: www.nicugolf.org

Program Listing Preference *(Please list name AS YOU WISH IT TO APPEAR on Event Program and Sponsorship Materials.)*

Company: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Tournament Sponsor \$5,000

Tournament Sponsors receive golf round, cart, dinner and gift bag for 8 players. Recognition in all media, tournament program, and website; nicugolf.org. Your name on sign at reception area. Tee sign on all 18 holes. Recognition and VIP seating at banquet.

Cart Sponsor \$3,000

Cart Sponsor receives golf round, cart, dinner and gift bag for 4 players. Your name on all carts, sponsorship recognition in all media advertising, tournament program, and website; nicugolf.org. One tee sign. Recognition at banquet.

Cap/Gift Sponsor \$3,000

Cap-Gift Sponsor receives golf round, cart, dinner and gift bag for 4 players. Your company name and logo on all caps provided to all golfers. Recognition in all media advertising, tournament program, and website; nicugolf.org. One tee sign. Recognition at banquet.

Dinner Sponsor \$2,500

Dinner Sponsor receives golf round, cart, dinner and gift bag for 4 players. Recognition in all media advertising, tournament program and website; nicugolf.org. Tent card with your name on all tables. One tee sign. Recognition at banquet.

Lunch Sponsor \$1,500

Lunch Sponsor receives golf round, cart, dinner and gift bag for 4 players. Recognition in all media advertising, tournament program and website; nicugolf.org. Your name on all lunch boxes. One tee sign. Recognition at banquet.

Golf Shoe Sponsor \$1,200

Golf Shoe Sponsor receives golf round, cart, dinner and gift bag for 4 players. Recognition in all media, tournament program, and website; nicugolf.org. Your name on sign at FootJoy Golf Shoe table. One tee sign. Recognition at banquet.

Sand Trap Sponsor \$1,000

Sand Trap Sponsor has your name on a course sand-trap and recognition in all media advertising, tournament program, and website; nicugolf.org. Recognition at banquet.

Players' Sponsor \$975

Players' Sponsor receives golf round, cart, dinner and gift bag for 4 players. Recognition in all media advertising and tournament program. One tee sign.

Score Card Sponsor \$750

Score Card Sponsor receives your name on all player score cards. Recognition in all media advertising and tournament program.

Ice Chest Sponsor \$250

Ice Chest Sponsor has your name, logo on course beverage ice chests. Recognition in all media advertising and tournament program.

Individual Golfers \$250

Individual Golfer receives golf round, cart and gift bag.

Tee Sponsor \$100

Your name on Tee sign.

Banquet Dinner Only Guests \$45



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I am unable to attend, please accept my donation of \$ _____

Make your tax-deductible check payable to Community Memorial Healthcare Foundation.

Visa MasterCard Discover AmEx

Name on Card: _____ Exp. Date: _____

Signature: _____

Player List

Company Name: _____

Player 1 _____

Phone #: _____ Shoe Size: _____

Email: _____

Player 3 _____

Phone #: _____ Shoe Size: _____

Email: _____

Player 2 _____

Phone #: _____ Shoe Size: _____

Email: _____

Player 4 _____

Phone #: _____ Shoe Size: _____

Email: _____

Every golfer will receive a pair of FootJoy golf shoes. Please include your shoe size or if you would like to give the shoes to a business associate please provide their shoe size.

Every player will also receive the Club Member 15% discount on any items purchased from the pro shop on the day of the event.

Please mail or fax both pages of this form to: Community Memorial Healthcare Foundation
2674 E. Main St. Suite E #210, Ventura, CA 93003 or fax: 805/667-2853.

For more information, email: foundation@cmhhospital.org, or call: 805/667-2881.

Community Memorial Healthcare Foundation is a 501 (c)(3) organization. Tax I.D. 95-3847251