



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

Monday, July 25, 2011 • Saticoy Country Club
Sponsor Participation Form

Registration – 9:00 a.m.
Shotgun Start – 11:00 a.m.

CALLAWAY ONLY

Entries for the golf tournament must be received by July 15, 2011.

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 Sponsor receives golf round, cart 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 at Reception/Awards Ceremony.

Tournament Sponsor without players - \$5,000

For those who wish to sponsor but will not have players.

Cart Sponsor - \$3,000

Cart Sponsor receives golf round, cart 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 Reception/Awards Ceremony.

Cart Sponsor without players - \$3,000

For those who wish to sponsor but will not have players.

Reception/Awards Sponsor - \$2,500

Reception/Awards Sponsor receives golf round, cart, and gift bag for 4 players. Recognition in all media advertising, tournament program and website; nicugolf.org. One Tee Sign. Recognition at Reception/Awards Ceremony.

Reception/Awards Sponsor without players - \$2,500

For those who wish to sponsor but will not have players.

Registration Sponsor - \$2,000

Registration Sponsor receives golf round, cart, and gift bag for 4 players. Recognition in all media advertising, tournament program, and website: nicugolf.org. Your name on sign at Player Registration table. One Tee Sign. Recognition at Reception/Awards Ceremony.

Registration Sponsor without players - \$2,000

For those who wish to sponsor but will not have players.

Putting Contest Sponsor - \$1,750

Putting Contest Sponsor receives golf round, cart and gift bag for 4 players. Recognition in all media advertising, tournament program and website: nicugolf.org. Your name on sign at Putting Contest. One Tee Sign. Recognition at Reception/Awards Ceremony.

Putting Contest Sponsor without players - \$1,750

For those who wish to sponsor but will not have players.

Player Apparel Sponsor - \$1,500

Apparel Contest Sponsor receives golf round, cart and gift bag for 4 players. Recognition in all media advertising, tournament program and website: nicugolf.org. Your name on sign at Reception Area. One Tee Sign. Recognition at Reception/Awards Ceremony.

Player Apparel Sponsor without players - \$1,500

For those who wish to sponsor but will not have players.

NICU Equipment Sponsor - \$1,000

Your name on a course sand trap and recognition in all media advertising, tournament program and website: nicugolf.org. Recognition at Reception/Awards Ceremony.

Players Sponsor - \$1,000

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

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 - \$300

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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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 _____

Shirt Size: S M L XL XXL XXXL

Phone #: _____

Email: _____

Player 3 _____

Shirt Size: S M L XL XXL XXXL

Phone #: _____

Email: _____

Player 2 _____

Shirt Size: S M L XL XXL XXXL

Phone #: _____

Email: _____

Player 4 _____

Shirt Size: S M L XL XXL XXXL

Phone #: _____

Email: _____

Every golfer will receive a golf shirt. Please include your shirt 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.

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

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.