

Sponsorship Form

| Check all that apply | Sponsorship Opportunity | Cost | Total |
|----------------------|---|-----------|-------|
| | Tournament Sponsor (includes 1 team entry) | \$1000.00 | |
| | Masters Sponsor | \$750.00 | |
| | Hole Sponsor | \$500.00 | |
| | Green Sponsor | \$250.00 | |
| | Tee Box Sponsor | \$100.00 | |
| | Prize or Lunch Sponsor | Other | |

Total:

Sponsorship Information

| | Company | | Name |
|--------|---------|--------|-----------|
| | | | Address |
| -Mail: | | Phone: | Post Code |
| | | | |
| | | | |
| Date | | | Signature |
| | | Phone: | Post Code |

| Please direct any questions to: | Please have sponsorship forms returned by August |
|----------------------------------|---|
| Kylie Smith | 15 th to: |
| Girard Medical Center Foundation | Girard Medical Center Foundation |
| 620.724.5109 | 302 N. Hospital Drive, Girard KS 66743 |
| ksmith@girardmedicalcenter.com. | Please Indicate if you need Invoiced by checking the box. |



Team Registration 23RD ANNUAL GMCF FALL GOLF CLASSIC: \$200.00

- 4-Man Scramble 18 Hole Tournament
- Saturday, September 6th
- 8:00 AM Tee Time
- Crawford Hills Golf Course Girard, KS

| Team Registi | ration: | |
|---------------------------------------|---|--|
| Company Name: | | |
| Contact Name: | | |
| Phone & Email: | | |
| - Number of Teams: (\$200/Team) | Is a team included in a sponsorship level? (Check if yes) | |

Players Names (Optional)

| Team 1 | Team 2 |
|--------|--------|
| | |
| | |
| | |
| | |

- To guarantee your spot, please preregister your team by August 1^{st.} Team sign-up sheets will be posted at the Crawford Hills Golf Course after August 1st.
- Make checks payable to the Girard Medical Center Foundation.
- Contact Kylie Smith with Girard Medical Center with any questions, at 620.724.5109 or at ksmith@girardmedicalcenter.com