— 23rd Annual —

G O L F
TOURNAMENT

May 18, 2020 | Prospect Bay Country Club

SPONSORSHIP LEVELS

TOURNAMENT SPONSOR $5,000
Two team of four players
Recognition on advertising, marketing and PR materials

GOLD SPONSOR $2,500
One team of four players
Recognition on advertising, marketing and PR materials

LUNCHEON & RECEPTION SPONSOR $1,500
Recognition on advertising, marketing and PR materials
Prominent recognition at luncheon and the reception

SILVER SPONSOR $1,000
Recognition on advertising, marketing and PR materials

PUTTING CONTEST SPONSOR $750
Recognition at the putting contest & the reception

HOLE SPONSOR $300
Signage at tee

FOR ADDITIONAL INFORMATION, PLEASE CONTACT:
Kenda Leager: kleager@compassregionalhospice.org
443-262-4106 • Fax 410-758-2185
GOLF REGISTRATION FORM

CONTACT INFORMATION

Contact Name: ____________________________
Organization: _____________________________
Mailing Address: __________________________

E-Mail: ________________________________
Telephone: ____________________________

SPONSORSHIP LEVELS

☐ Tournament Sponsor $5,000  ☐ Silver Sponsor $1,000
☐ Gold Sponsor $2,500  ☐ Putting Contest Sponsor $750
☐ Lunch & Reception Sponsor $1,500  ☐ Hole Sponsor $300

GOLFERS

Please choose one tournament play option and complete the registration form Part II.
18-Hole
☐ $125 per golfer $___________
☐ $500 per team $___________

OTHERS

☐ I am unable to attend and wish to contribute $___________
☐ Lunch for non-golfer $25 $___________

Total Due: $___________

($40 is tax deductible per golfer)
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GOLF REGISTRATION FORM

GOLFER NAME: ______________________  GOLFER NAME: ______________________
Address: ____________________________  Address: ____________________________
____________________________________________________________________________
Phone: ______________________________  Phone: ______________________________
Email: ______________________________  Email: ______________________________
Low Score/Handicap: _________________  Low Score/Handicap: _________________

GOLFER NAME: ______________________  GOLFER NAME: ______________________
Address: ____________________________  Address: ____________________________
____________________________________________________________________________
Phone: ______________________________  Phone: ______________________________
Email: ______________________________  Email: ______________________________
Low Score/Handicap: _________________  Low Score/Handicap: _________________

PAYMENT INFORMATION

☐ Check made payable to Compass Regional Hospice is enclosed
Credit Card: ☐ Visa  ☐ MasterCard  ☐ Discover  ☐ American Express
Name on card:__________________________________________________________
Card number:________________________________________________________
Exp Date:__________ Security Code:______ Amount to be charged: $__________
Authorized Signature:_________