



# 2013

## HASC Charity Golf Classic

Monday, October 21, 2013 | Oakmont Country Club  
Benefiting National Health Foundation

### SPONSORSHIP FORM

- Yes! I would like to register for this year's Charity Golf Classic.**
- I can't play, but I want to participate. Enclosed is my donation in the amount of \$ \_\_\_\_\_**

#### PLEASE CHECK APPROPRIATE SPONSORSHIP(S):

- |  |          |   |         |
|--|----------|---|---------|
| <input type="checkbox"/> Presenting Sponsor              | \$10,000 | <input type="checkbox"/> Contest Sponsor                      | \$5,000 |
| <input type="checkbox"/> Golf Cart Sponsor (2 available) | \$5,000  | <input type="checkbox"/> Awards Sponsor                       | \$5,000 |
| <input type="checkbox"/> Lunch Sponsor                   | \$5,000  | <input type="checkbox"/> Breakfast Sponsor                    | \$3,000 |
| <input type="checkbox"/> Cocktail Reception              | \$5,000  | <input type="checkbox"/> Beverage Sponsor                     | \$3,000 |
| <input type="checkbox"/> Wine Sponsor                    | \$5,000  | <input type="checkbox"/> Additional Cocktail Reception Ticket | \$75    |

#### ORGANIZATION INFORMATION (please print clearly):

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
*(Required field. Will receive all follow-up communication.)*

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Area Code/Number): \_\_\_\_\_ Organization Website: \_\_\_\_\_

#### SPONSORSHIP LEVEL PAYMENT INFORMATION:

*(Payment in full required by September 16, 2013)*

Enclosed is check #: \_\_\_\_\_ Sponsorship Amount: \$ \_\_\_\_\_

Charge \$ \_\_\_\_\_ to the following credit card:  MasterCard  Visa  American Express  Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

#### MAIL OR FAX THIS COMPLETED REGISTRATION FORM TO:

Leticia Salcido, HASC  
515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300 or Fax: (213) 629-4272  
Questions? Call (213) 538-0737 or Email [lsalcido@hasc.org](mailto:lsalcido@hasc.org)



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### SPONSOR REGISTRATION FORM

#### ORGANIZATION INFORMATION:

Organization: \_\_\_\_\_ Website: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Sponsor Level: \_\_\_\_\_

#### SPONSORS MAY REGISTER GOLFERS AS FOLLOWS:

\$10k Level – 4 complimentary golfers and up to 2 more as paid registrants

\$5k Level – 2 complimentary golfers and up to 2 more as paid registrants

\$3k Level – 1 complimentary golfer and 1 more as paid registrant

#### GOLFER INFORMATION: SUBMISSION DEADLINE SEPTEMBER 16, 2013 (for paid registrants \$525 per player):

	Full Name (please print)	Title	Email Address (required)	SCGA Index (example 13.4)	\$
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

\$525 x \_\_\_\_\_ = Total: \$ \_\_\_\_\_

**PAIRING REQUEST:** I would like to be paired with \_\_\_\_\_. Please understand pairings cannot be guaranteed. The Tournament Planning Committee will make the final pairings and confirm with all players the week prior to the event.

#### REGISTRATION PAYMENT INFORMATION:

Enclosed is check #: \_\_\_\_\_ Amount \$ \_\_\_\_\_

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You may be photographed or videotaped at the event.

HASC reserves the right to use these items in promotional, marketing, educational and other materials.