



2014 HASC Charity Golf Classic

Monday, October 20, 2014 • 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: _____

Primary Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SPONSORSHIP LEVEL PAYMENT INFORMATION:

(Payment in full required by September 15, 2014)

- Enclosed is check #: _____ Sponsorship Amount: \$ _____
- Charge \$ _____ to the following credit card: MasterCard Visa American Express Discover
- Card #: _____ Exp. Date: _____
- Cardholder Address: _____ City: _____ State: _____ 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

Register online <http://events.SignUp4.com/2014HASCCharityGolfClassicSponsorship>



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 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 15, 2014 (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.

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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.