



2015 HASC Charity Golf Classic

Monday, October 5th
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: _____

Coordinator Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SPONSORSHIP LEVEL PAYMENT INFORMATION:

(Payment in full required by September 1, 2015)

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

To pay by credit card, please visit: www.hasc.org/special-event/2015-HASC-Charity-Golf-Classic and click "Register Now for Sponsorship Oct. 5!"

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) 538-0987

Questions? Call (213) 538-0737 or Email lsalcido@hasc.org

Register online <http://events.SignUp4.com/2015-HASC-Charity-Golf-Classic-Sponsorship>



**2015 HASC
Charity Golf Classic**
Monday, October 5th
Oakmont Country Club
Benefiting National Health Foundation

SPONSOR REGISTRATION FORM
ORGANIZATION INFORMATION:

Organization: _____

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 1, 2015 (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.