SPONSORSHIPS AND PLAYER REGISTRATION FORM

| SPONSORSHIPS | PLAYER REGISTRATION | | |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|
| ☐ Title Sponsor | NAME OF SPONSOR: | | |
| □ Dinner Sponsor | PLAYER 1 | HANDICAP: | |
| □ Lunch Sponsor\$ 5,000 | | HANDICAP: | |
| □ Registration Sponsor \$ 2,500 | NAME | | |
| ☐ Snack/Beverage Hole Sponsor \$ 2,000 | | | |
| ☐ Hole-In-One Sponsor | COMPANY | | |
| □ Longest Drive Sponsor \$ 1,000 | ADDRESS | CITY / STATE | ZIP CODE |
| □ Hole Sponsor | | | |
| GOLFER OPPORTUNITIES | PHONE | EMAIL | |
| | PLAYER 2 | HANDICAP: | |
| □ Foursome | | | |
| ☐ Individual Golfer | NAME | | |
| at \$1,230 each = \$ | COMPANY | | |
| SPONSOR INFORMATION | ADDRESS | CITY / STATE | ZIP CODE |
| | ADDICESS | GIT / STATE | ZIF CODE |
| NAME | PHONE | EMAIL | |
| TITLE | PLAYER 3 | HANDICAP: | |
| COMPANY (AS YOU WANT IT TO APPEAR ON SIGNAGE) | NAME | | |
| ADDRESS | COMPANY | | |
| CITY / STATE ZIP CODE | ADDRESS | CITY / STATE | ZIP CODE |
| PHONE | PHONE | EMAIL | |
| EMAIL | PLAYER 4 | HANDICAP: | |
| □ I am unable to participate but would like to make a donation of \$ | NAME | | |
| FORM OF PAYMENT | COMPANY | | |
| ☐ Check (made payable to Hailey's Hope Foundation) | ADDRESS | CITY / STATE | ZIP CODE |
| ☐ Credit Card: | PHONE | EMAIL | |
| □ Visa□ Master Card□ AmEx□ Check here if this is a corporate credit card | If rental clubs are needed, please specify: Total # [Right: / Left:] | | |
| NAME (AS IT APPEARS ON CARD) | | - | |
| CREDIT CARD NUMBER | | OR EMAIL COMPLETE | D FORM BY |
| EXPIRATION DATE SECURITY CODE | MONDAY, SEPTEMBER 24, 2018 TO: Donna Zion, Vice President, Hailey's Hope Foundation P.O. Box 32, Goshen, New York 10924 914.584.8833 dzion@haileyshopefoundation.org | | |
| ADDRESS (IF DIFFERENT FROM ABOVE) | | | |
| AUTHORIZED TOTAL TO BE CHARGED \$ | | | |
| AUTHORIZED SIGNATURE | PLEASE NOTE: | All logos for event sigr | nage should be |
| ☐ Please send invoice | high-resolution jpg or png files and emailed to dzion@haileyshopefoundation.org. The deadline for submission is Monday, September 24, 2018. | | |