

SPONSORSHIP CONFIRMATION

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Yes, I/we are interested in sponsorship for the **30th CHARITY GOLF CLASSIC** at the following level:

- | | | | |
|---|----------|--|------------------|
| <input type="checkbox"/> Platinum Sponsor | \$5,000+ | <input type="checkbox"/> Copper Hole Sponsor | \$ 500 |
| <input type="checkbox"/> Gold Sponsor | \$2,500 | <input type="checkbox"/> Hole-In-One Sponsor | Call for Details |
| <input type="checkbox"/> Silver Sponsor | \$1,250 | <input type="checkbox"/> Beverage Hole Sponsor | Call for Details |
| <input type="checkbox"/> Tee Gift Sponsor *ONE | \$2,500 | <input type="checkbox"/> Prize/Auction Sponsor | *Details Below |

I/we would like to donate a prize(s)/auction item(s): _____ Value: \$ _____

Description: _____

I/we would like to register*:

Foursome @ \$700 **OR** Individual golfer(s) _____ @ \$175/each = \$ _____

MULLIGANS @ 3 for \$20 (Max. of 4 per team = \$80): _____ set(s) of Mulligans x \$20 = \$ _____

Early Bird deadline: (2) Early Bird Prizes – register by **Friday, May 12** to have a chance to win!

More Prizes! Wear something 'classic' or vintage '1993' to be eligible for prizes.

To confirm your sponsorship or donation, email the following information to lchfoundation@ahs.ca or contact Colleen (780) 980-4536. **Sponsors will be invoiced accordingly.**

Company/Organization: _____

Authorized by (Name): _____

Billing Address: _____

City: _____ Postal Code: _____ Email: _____

Phone: _____ Cell phone: _____

Payment Options:

1. Registrations/sponsorships maybe also be confirmed and paid by credit card by contacting our office directly.
2. Make cheques payable to "Leduc Community Hospital Foundation" and mail to: 4210 – 48 Street, Leduc, AB T9E 5Z3 or contact LCHF for pickup.
3. Questions, inquiries or to pay by credit card, please email lchfoundation@ahs.ca or contact Colleen Zimmerman (Exec. Director) @ (780) 980-4536.

It is standard policy that all payments be made prior to the event. Thank you.

GOLFER INFORMATION

1st Member/Team Contact:

Name: _____ Dietary Restrictions**

Business/Organization: _____

Mailing Address: _____

City: _____ Postal Code: _____ Phone Number: _____

Email: _____

2nd Member:

Name: _____ Dietary Restrictions**

Business/Organization: _____

Mailing Address: _____

City: _____ Postal Code: _____ Phone Number: _____

Email: _____

3rd Member:

Name: _____ Dietary Restrictions**

Business/Organization: _____

Mailing Address: _____

City: _____ Postal Code: _____ Phone Number: _____

Email: _____

4th Member:

Name: _____ Dietary Restrictions**

Business/Organization: _____

Mailing Address: _____

City: _____ Postal Code: _____ Phone Number: _____

Email: _____

****Dietary Restrictions – please contact LCHF office to provide details.**