



# BENEFIT GOLF CLASSIC

## SPONSORSHIP | REGISTRATION

The Cannon Club | Lothian, MD

- Corporate Sponsor \$ 7,000
- Tee Sign \$ 500
- Masters Club \$ 5,500
- Contest Sponsor \$ 500
- Ryder Club \$ 3,500
- Individual Golfer \$ 500
- Open Tournament \$ 2,500
- Sip and Swing Clinic \$ 75
- Foursome Club \$ 1,500
- Cash Contribution \$ \_\_\_\_\_
- Sip & Swing Sponsor \$ 1,000

FULL NAME *(please print)* \_\_\_\_\_

TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

Registration begins at 8:30 a.m.

GOLFER'S NAME \_\_\_\_\_ HANDICAP \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

**Format TBD Based on Current Restrictions**

Please notify CH Foundation of any changes to your golfers' list by **Monday, October 12, 2020** by emailing [foundation@calverthealthmed.org](mailto:foundation@calverthealthmed.org) or calling 410.414.4570.

**Please make checks payable to:** CalvertHealth Foundation  My check for \$ \_\_\_\_\_ is enclosed.

**CH Foundation accepts the following credit cards:**

Visa  MasterCard  American Express  Discover AMOUNT TOTAL \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Security Code # \_\_\_\_\_

Name as it appears on your card *(please print)* \_\_\_\_\_

Billing Address \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Please mail completed form to:** CH Foundation, PO Box 2127, Prince Frederick, MD 20678

**or email your form to:** [foundation@calverthealthmed.org](mailto:foundation@calverthealthmed.org)

**For additional information, please call:** 410.414.4570 or visit [CalvertHealthFoundation.org/BenefitGolfClassic](http://CalvertHealthFoundation.org/BenefitGolfClassic)