



BENEFIT GOLF CLASSIC

SPONSORSHIP | REGISTRATION

The Cannon Club | Lothian, MD
Monday, May 9, 2022

- | | | | |
|---|----------|--|----------|
| <input type="radio"/> Corporate Sponsor | \$ 7,000 | <input type="radio"/> Putting Contest | \$ 1,000 |
| <input type="radio"/> Masters Club | \$ 5,500 | <input type="radio"/> Contest Sponsor | \$ 500 |
| <input type="radio"/> Ryder Club | \$ 3,500 | <input type="radio"/> Tee Sign | \$ 500 |
| <input type="radio"/> Open Tournament | \$ 2,500 | <input type="radio"/> Individual Golfer | \$ 500 |
| <input type="radio"/> Foursome Club | \$ 1,500 | <input type="radio"/> Sip and Swing Clinic | \$ 75 |
| <input type="radio"/> Sip & Swing Sponsor | \$ 1,000 | <input type="radio"/> Cash Contribution | \$ _____ |

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 _____

_____	_____
_____	_____
_____	_____
_____	_____

**One Shotgun Start
at 10 a.m.**

*Please notify CH Foundation of any changes to your golfers' list by **Monday, April 25, 2022** by emailing 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

For additional information, please call: 410.414.4570 or visit CalvertHealthFoundation.org/BenefitGolfClassic