

SPONSORSHIP | REGISTRATION

The Cannon Club | Lothian, MD

O Corporate Sponsor	\$ 7,000	O Tee Sign	\$ 500	
O Masters Club	\$ 5,500	O Contest Sponsor	\$ 500	
O Ryder Club	\$ 3,500	O Individual Golfer	\$ 500	
O Open Tournament	\$ 2,500	O Sip and Swing Clinic	\$ 75	
O Foursome Club	\$ 1,500	O Cash Contribution	\$	
O Sip & Swing Sponsor	\$ 1,000			
FULL NAME (please print)				
TITLE				
ORGANIZATION				
MAILING ADDRESS				
CITY	STATE _	ZIP COI	ZIP CODE	
EMAIL	PHONE	FAX		
Registration begins at 8:30 a.m.				
GOLFER'S NAME	HANDICAP			
		at '	otgun Start 10 a.m.	
Please notify CH Foundation o	ealthmed.org or calling	ng 410.414.4570.		
Please make checks payable to: (CH Foundation accepts the follo	CalvertHealth Founda			
O Visa O MasterCard O A	merican Express O	Discover AMOUNT TOT	TAL \$	
Card Number	Security Code #			
Name as it appears on your card	(please print)			
Billing Address				
	Expiration Date			

or email your form to: foundation@calverthealthmed.org

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

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