



# 2016

## HASC Charity Golf Classic

Monday, November 14 • Red Hill Country Club

*Benefiting National Health Foundation*



### CORPORATE SPONSORSHIP FORM

☐ Yes! I would like to register for this year's Charity Golf Classic.

☐ I can't play, but I want to participate. Enclosed is my donation in the amount of \$ \_\_\_\_\_

#### PLEASE CHECK APPROPRIATE SPONSORSHIP(S):

- |  |          |   |         |
|--|----------|---|---------|
| <input type="checkbox"/> Presenting Sponsor              | \$10,000 | <input type="checkbox"/> Contest Sponsor                      | \$5,000 |
| <input type="checkbox"/> Golf Cart Sponsor (2 available) | \$5,000  | <input type="checkbox"/> Awards Sponsor                       | \$5,000 |
| <input type="checkbox"/> Lunch Sponsor                   | \$5,000  | <input type="checkbox"/> Breakfast Sponsor                    | \$3,000 |
| <input type="checkbox"/> Cocktail Reception              | \$5,000  | <input type="checkbox"/> Beverage Sponsor                     | \$3,000 |
| <input type="checkbox"/> Wine Sponsor                    | \$5,000  | <input type="checkbox"/> Additional Cocktail Reception Ticket | \$75    |

#### ORGANIZATION INFORMATION (please print clearly):

Organization: \_\_\_\_\_

Coordinator Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### SPONSORSHIP LEVEL PAYMENT INFORMATION:

☐ Enclosed is check #: \_\_\_\_\_ Sponsorship Amount: \$ \_\_\_\_\_

To pay by credit card, please visit: [www.hasc.org/special-event/2016-HASC-Charity-Golf-Classic](http://www.hasc.org/special-event/2016-HASC-Charity-Golf-Classic) and click "Register Now for Sponsorship Nov. 14!"

#### MAIL OR FAX THIS COMPLETED REGISTRATION FORM TO:

Leticia Salcido, HASC

515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300, Fax (213) 538-0987

Questions? Call (213) 538-0737 or email [lsalcido@hasc.org](mailto:lsalcido@hasc.org)



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### SPONSOR GOLF REGISTRATION FORM ORGANIZATION INFORMATION:

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Sponsor Level: \_\_\_\_\_

#### SPONSORS MAY REGISTER GOLFERS AS FOLLOWS:

\$10k Level – 4 complimentary golfers and up to 2 more as paid registrants

\$5k Level – 2 complimentary golfers and up to 2 more as paid registrants

\$3k Level – 1 complimentary golfer and 2 more as paid registrant

#### GOLFER INFORMATION (for paid registrants \$550 per player):

	Full Name (please print)	TITLE	*EMAIL ADDRESS (required)	SCGA INDEX (example 13.4)	\$
1:	_____	_____	_____	_____	_____
2:	_____	_____	_____	_____	_____
3:	_____	_____	_____	_____	_____
4:	_____	_____	_____	_____	_____
5:	_____	_____	_____	_____	_____
6:	_____	_____	_____	_____	_____

\$550 X \_\_\_\_\_ = TOTAL \$ \_\_\_\_\_

PAIRING REQUEST: I would like to be paired with \_\_\_\_\_.

Please understand pairings cannot be guaranteed. The Tournament Planning Committee will make the final pairings and confirm with all players the week prior to the event.

#### REGISTRATION PAYMENT INFORMATION:

☐ Enclosed is check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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*You may be photographed or videotaped at the event. HASC reserves the right to use these items in promotional, marketing, educational and other materials.*

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