

# SPONSOR INFORMATION SHEET



**Maine Community Hospital Golf Tournament**  
**Sunday River Golf Club, Newry, Maine**  
**Monday, September 13, 2010**

## **EAGLE SPONSOR** **\$1,000**

### *An Eagle Sponsor receives:*

Two complimentary players in the tournament (valued at \$450).\*  
Hole Sponsorship: (Sign placed at hole with your company's name and logo)  
Recognition in all promotional materials and the tournament program.

## **BIRDIE SPONSOR** **\$750**

### *A Birdie Sponsor receives:*

One complimentary player (valued at \$225).\*  
Recognition in all promotional materials and the tournament program.  
Company logo on sponsored item (distributed to all players). Suggestions include:

- ◆ Golf Ball Sleeve (holds 3 balls)
- ◆ Golf Towel
- ◆ Your idea

## **PAR SPONSOR** **\$500**

### *A Par Sponsor receives:*

One player may register at the hospital member rate of \$125.\*  
Recognition in all promotional materials and the tournament program.  
Sign placed at the event sponsored with your company's name and logo:

◆ Closest to Pin	◆ Longest Drive
◆ Scoreboard	◆ Hole In One (Car)
◆ Lunch	◆ Grand Prize for Raffle
◆ Beverage Cart (2 available)	◆ Dinner

\*Player names can be provided in advance on the attached form or may be provided later on registration materials.

**Registration Deadline: Thursday, July 29**  
**(to have company name listed in promotional materials)**

*For more information or questions,  
please contact Carol Sinclair at 207/622-4794 or [csinclair@themha.org](mailto:csinclair@themha.org).*

# SPONSOR REGISTRATION FORM



**Maine Community Hospital Golf Tournament**  
**Sunday River Golf Club, Newry, Maine**  
**Monday, September 13, 2010**

*This information will be used in all promotional information associated with the tournament.*

Organization \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Tel \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

I wish to be the following type of sponsor (please fill out corresponding information below):

- EAGLE, \$1,000**       **BIRDIE, \$750**       **PAR, \$500**

## EAGLE, \$1,000 (Hole Sponsorship)

Name of complimentary players from your organization:

1. \_\_\_\_\_  
 Name Handicap  
 2. \_\_\_\_\_  
 Name Handicap

Additional players from your organization at the corporate member rate (\$225):

1. \_\_\_\_\_  
 Name Handicap  
 2. \_\_\_\_\_  
 Name Handicap

## BIRDIE, \$750, Sponsorship Opportunity Preference (1, 2 & 3)

Company logo on item sponsored (distributed to all players):

\_\_\_ Golf Ball Sleeve      \_\_\_ Golf Towel      \_\_\_ Your Idea: \_\_\_\_\_

Name of complimentary player from your organization:

\_\_\_\_\_  
 Name Handicap

Additional players from your organization at the corporate member rate (\$225):

1. \_\_\_\_\_  
 Name Handicap  
 2. \_\_\_\_\_  
 Name Handicap  
 3. \_\_\_\_\_  
 Name Handicap

## PAR, \$500, Sponsorship Opportunity Preference (1, 2 & 3)

Sign placed at the event sponsored with your company's name and logo:

- \_\_\_ Closest to Pin      \_\_\_ Beverage Cart #1      \_\_\_ Hole In One (Car)  
 \_\_\_ Scoreboard      \_\_\_ Beverage Cart #2      \_\_\_ Grand Prize for Raffle  
 \_\_\_ Lunch      \_\_\_ Longest Drive      \_\_\_ Dinner

Name of player from your organization (reduced rate of \$125):

\_\_\_\_\_  
 Name Handicap

Additional players from your organization at the corporate member rate (\$225):

1. \_\_\_\_\_  
 Name Handicap  
 2. \_\_\_\_\_  
 Name Handicap  
 3. \_\_\_\_\_  
 Name Handicap

In order to have your company listed in promotional materials, please complete and return this form by **July 29** to: Carol Sinclair, Maine Hospital Association, 33 Fuller Road, Augusta, Maine 04330

PHONE: 207/622-4794

FAX: 207/622-3073

E-MAIL: csinclair@themha.org