

## **Sponsorship Form**

Check all that apply	Sponsorship Opportunity	Cost	Total	
	Tournament Sponsor (includes 1 team entry)	\$1000.00		
	Masters Sponsor	\$750.00		
	Hole Sponsor	\$500.00		
	Green Sponsor	\$250.00		
	Tee Box Sponsor	\$100.00		
	Prize or Lunch Sponsor	Other		
		Total:		
Sponsorship Information				
Name	Comp	any		
Address				
Post Code	Phone:	E-Mail:		
	_			
Signature			Date	

Please direct any questions to: Kylie Smith Girard Medical Center Foundation 620.724.5109 ksmith@girardmedicalcenter.com. Please have sponsorship forms returned by August  ${\bf 15}^{\rm th}$  to:

Girard Medical Center Foundation 302 N. Hospital Drive, Girard KS 66743

Please Indicate if you need Invoiced by checking the box.



## **Team Registration**

## 23RD ANNUAL GMCF FALL GOLF CLASSIC: \$200.00

- 4-Man Scramble 18 Hole Tournament
- Saturday, September 6th
- 8:00 AM Tee Time
- Crawford Hills Golf Course Girard, KS

Team Regist	ration:	
Company Name:		
Contact Name:		
Phone & Email:		
Number of Teams: (\$200/Team)	Is a team included in a sponsorship level? (Check if yes)	

## **Players Names (Optional)**

Team 1	Team 2

- To guarantee your spot, please preregister your team by August 1<sup>st.</sup> Team sign-up sheets will be posted at the Crawford Hills Golf Course after August 1<sup>st</sup>.
- Make checks payable to the Girard Medical Center Foundation.
- Contact Kylie Smith with Girard Medical Center with any questions, at 620.724.5109 or at ksmith@girardmedicalcenter.com