

MILTON DISTRICT HOSPITAL FOUNDATION
10th ANNUAL GOLF CLASSIC
MONDAY SEPTEMBER 20th, 2010

OFFICE USE ONLY
PAYMENT: _____
CONF. #: _____

SPONSORSHIP / REGISTRATION FORM

NAME (OR COMPANY NAME): _____

ADDRESS: _____

_____ POSTAL CODE: _____

CONTACT NAME: _____ PHONE: () _____ FAX: () _____

SPONSORSHIP / REGISTRATION:

_____ EVENT SPONSOR with FOURSOME - \$2500 = _____

_____ GOLF CART SPONSOR - \$1500 = _____

_____ 19TH HOLE SPONSOR - \$1500 = _____

_____ HOLE SPONSOR with FOURSOME - \$900 = _____

_____ HOLE SPONSOR NO GOLF- \$250 = _____

_____ FOURSOME - \$700 = _____

_____ INDIVIDUAL GOLFER- \$175 = _____

_____ ADDITIONAL DINNER GUEST - \$50 = _____

TOTAL \$ _____

Hole Sponsors:

Please provide us with your company name for signage before September 11th, 2010

(PLEASE PRINT): _____

PLAYERS NAME(S):

1 _____ PHONE: _____

2 _____ PHONE: _____

3 _____ PHONE: _____

4 _____ PHONE: _____

ADDITIONAL GUEST NAMES FOR DINNER ONLY:

1 _____ PHONE: _____

2 _____ PHONE: _____

PAYMENT: CHEQUE: (PAYABLE TO MDH FOUNDATION)

VISA:

MC:

AMEX:

CARD HOLDER NAME (PLEASE PRINT): _____

CARD #: _____ EXPIRY ____ / ____ CARD SECURITY #: _____

SIGNATURE _____

?? The 3 digit number on the back of your card. For AMEX 4 digits on the front.

MAIL OR FAX (WITH PAYMENT ATTACHED OR CREDIT CARD INFORMATION) TO:

MILTON DISTRICT HOSPITAL FOUNDATION
7030 DERRY ROAD, MILTON, ONTARIO L9T 7H6
PHONE: 905.876.7014 FAX: 905.693.9199