



community  
health  
centers



## 10<sup>th</sup> ANNUAL GOLF TOURNAMENT FUNDRAISER

**Monday, April 30, 2012**

**4 Person Scramble – 12:30 pm Shotgun Start – Registration 11:30 am  
West Orange Country Club**

**3300 West Orange Country Club Drive, Winter Garden, FL 34787**

### Golfer Registration:

- Individual Player(s) at \$150/ea
- Foursome at \$500
- Hole Sponsor at \$300
- Corporate Sponsor at \$800
- Premier Sponsor at \$2,500
- Major Sponsor at \$5,000
- Platinum Sponsor at \$7,500

### Sponsorships Available:

#### **Platinum Sponsor - \$7,500**

*Three foursomes, Awards Banquet sponsor, Beverage Cart sponsor, Booth, Banner, Hole sponsor*

#### **Major Sponsor - \$5,000**

*Two foursomes, Lunch sponsor, Booth, Banner, Hole sponsor*

#### **Premier Sponsor - \$2,500**

*Two foursomes, Contest Hole Sponsor, Banner, Hole sponsor*

#### **Corporate Sponsor - \$800**

*One foursome, Hole sponsor*

#### **Hole Sponsor - \$300**

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Name of Players:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Total Payment Amount: \_\_\_\_\_

Payment Method:

Check  Visa  MC  AMEX

Credit Card Number: \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail or fax this form with payment to:

Community Health Centers, Inc.

Development Department

110 South Woodland Street, Winter Garden, FL 34787

Telephone 407-905-8827, ext. 1050 or 1049

Fax 407-905-8978