

REGISTRATION

1 SPONSORSHIPS

- Presenting Sponsor \$30,000
- Club House Sponsor \$20,000
- Golf Ball Sponsor \$15,000
- Awards Dinner Sponsor \$10,000*
- Cart Sponsor \$ 7,500*
- Flight Sponsor \$ 5,000*
- Hospitality Sponsor \$ 5,000*
- Luncheon Sponsor \$ 5,000*
- Raffle Sponsor \$ 5,000*
- Registration Sponsor \$ 5,000*
- Million Dollar Hole In One Sponsor \$ 5,000*
- Foursome \$ 5,000
- Twosome \$ 2,500
- Longest Drive Sponsor \$ 2,500*
- Closest to the Pin Sponsor \$ 2,500*
- Hole In One Sponsor \$ 2,500*
- Individual \$ 1,250
- Tee Sponsor \$ 750**
- Green Sponsor \$ 500**
- I am unable to attend but wish to make a contribution.

**Please add an additional \$5,000 for foursome*

TOTAL SPONSORSHIP	\$
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2 SPONSORSHIP INFORMATION

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Contact Person _____

Email _____

3 PAYMENT INFORMATION

- Check Enclosed
(payable to R.I. Hospital Foundation)
- Send Invoice
To the attention of: _____
- Credit Card (choose type)
 Visa MC AMEX Discover

Name on Card _____

Card Number _____

Expiration Date _____

Signature _____

4 MAIL TO

Loren Devereaux Wren
 Hasbro Children's Hospital Invitational
 167 Point Street, Suite 1B
 Providence, RI 02903

5 QUESTIONS

Loren Devereaux Wren
Special Events Manager
 Phone: (401) 444-6888
 Fax: (401) 444-8235
 Email: ldevereaux@lifespan.org

Please indicate EXACTLY how you would like your company name to appear on signs and materials. ***Please forward your logo in a jpeg or eps format to ldevereaux@lifespan.org.*** Thank you.

**** If purchasing a tee or green sign, please send by email camera ready art of your logo if you would like it included on the sign.**

Presented by