

Player Registration

(please complete all parts of this form thoroughly)

Golfer #1: _____ Handicap: _____

Email: _____

Golfer #2: _____ Handicap: _____

Email: _____

Golfer #3: _____ Handicap: _____

Email: _____

Golfer #4: _____ Handicap: _____

Email: _____

The fair market value for each golfer is estimated at \$110. The remainder is tax deductible. The fair market for a dinner guest is estimated at \$40. The remainder is tax deductible.

CONTRIBUTIONS BENEFIT PALM BEACH HABILITATION CENTER INC., A NOT-FOR-PROFIT, TAX-EXEMPT ORGANIZATION. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION OF PALM BEACH HABILITATION CENTER, INC. #CH116, MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES AT WWW.FLORIDACONSUMERHELP.COM OR BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. PALM BEACH HABILITATION CENTER, INC. RECEIVES 100% OF EACH CONTRIBUTION.



Presenting Sponsor | \$7,500

2 Foursomes, Logo/Name on tournament promo/print items, check-in, awards dinner and tee signage (1), two full page ads in event program, mention in all media platforms

Eagle Sponsor | \$5,000

Foursome, Logo/Name on tournament promo/print items, check in and tee signage (1), full page ad in event program, mention in all media platforms

Birdie Sponsor | \$3,000

Foursome, Name on tournament promo/print items, check-in and tee signage (1), half page ad in event program, mention in all media platforms

Par Sponsor | \$1,500

2 Golfer Spots, Name on tournament promo/print items, check-in and tee signage (1) mention in all media platforms

Awards Ceremony/Dinner Sponsor | \$3,500

2 Golfer Spots and 2 tickets to Awards Reception/Southern Style Dinner, signage at dinner, mention in all media platforms

Tee Sign Sponsor | \$250

Individual Player | \$225

Foursome | \$800

Other underwriting opportunities available.
For more information please call
Jacquie Nicholson at 561-965-8500 x212
or email jnicholson@pbhab.com

RSVP BY November 1, 2018

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

- Yes, I would like _____ player spot(s) at \$225 each
- Yes, I would like to reserve _____ foursome(s) at \$800 each
- I would like to be a _____ Sponsor at \$ _____
- I would like to be a Tee Sponsor at _____ \$250
- I would like Awards Ceremony Tickets _____ at \$55 each**
- I am unable to attend, but I will donate \$ _____**

Credit Card: Visa MC AMEX

Name on Card: _____

Billing Address: _____

City/State/Zip: _____

Card #: _____

Exp. Date: _____ CVC# (3 or 4 digits): _____

Signature: _____

Please make checks payable to: **Palm Beach Habilitation Center**

Please turn over ➤