

Sponsor Registration Form



Company _____ Contact Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Cell _____ Fax _____
 Email _____

Sponsorship & Golf Options

Please check all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> \$50,000 Title | <input type="checkbox"/> \$10,000 19th Hole Awards | Golf Packages |
| <input type="checkbox"/> \$25,000 Golf Course | <input type="checkbox"/> \$10,000 Auction | <input type="checkbox"/> \$3,750 Foursome/Birdie |
| <input type="checkbox"/> \$20,000 Tee Gift | <input type="checkbox"/> \$8,500 Awards | <input type="checkbox"/> \$875 Individual |
| <input type="checkbox"/> \$15,000 Golf Cart | <input type="checkbox"/> \$7,500 Skills Clinic | |
| <input type="checkbox"/> \$15,000 Night BeFORE Party | <input type="checkbox"/> \$5,000 Beverage Station | |
| <input type="checkbox"/> \$10,000 Driving Range | <input type="checkbox"/> \$5,000 Caddy | |
| <input type="checkbox"/> \$10,000 Putting Green | <input type="checkbox"/> \$2,000 Hole Activities | |
| <input type="checkbox"/> \$10,000 Bag Drop | <input type="checkbox"/> \$500 Tee Sign | |

Payment Information

- I cannot attend the event, but would like to make a tax-deductible donation in the amount of \$ _____
- Enclosed is a check payable to **Phoenix Children's Hospital Foundation**
- Please send an invoice for my sponsorship
- Visa MasterCard American Express Discover
- Card Number _____ Exp. Date _____
- Total Amount \$ _____ Name as it appears on credit card _____
- Billing Address *(if different from above)* _____

Player Information

Please print. For multiple foursomes, copy form as needed

Player #1 _____ Email Address _____

Player #2 _____ Email Address _____

Player #3 _____ Email Address _____

Player #4 _____ Email Address _____

Please return form to:

Phoenix Children's Hospital Foundation
 2929 E. Camelback Road, Suite 122, Phoenix, AZ 85016
 Fax: 602.933.2644 or Email: jsantana@phoenixchildrens.com