2018 Golf Classic Registration and Sponsorship Form

Monday, August 6, 2018 Tournament Players Club of the Twin Cities, Blaine

| Sponsorship & Registration | Payment Information |
|--|--|
| ☐ Eagle – \$10,000 | ☐ Bill me |
| ☐ Birdie – \$7,000 | ☐ Check enclosed (payable to Mercy Ho |
| ☐ Par – \$3,000 | ☐ Credit Card☐ Visa☐ Am Ex☐ Mastercard☐ ☐ |
| ☐ Bogie – \$2,000 | Credit Card # |
| ☐ Team – \$1,500 | Expiration date |
| Site Sponsorship | Signature |
| ☐ Driving Range – \$2,500 | Date |
| □ Lunch – \$2,000 | Golfer Information |
| ☐ Practice Green – \$1,750 | Team Captain |
| ☐ Cart – \$1,500 | Email |
| □ Beverage – \$750 | Player 2 Name |
| □ Hole – \$300indicate name for sign | Player 2 email |
| □ Donation – \$ | Player 3 Name |
| Sponsor Name | Player 3 email |
| Company | Player 4 Name |
| Address | Player 4 email |
| City | |
| State Zip | Please return registratio |
| Phone | Mercy Hospital Founda 7590 Lyric Lane NE |
| Email | Fridley, MN 55432 (763) 236-3961 (763) 236-39 lisa.gleason@allina.co |
| Tee Time Preference: ☐ Morning ☐ Afternoon | 3 |

| ☐ Bill me |
|--|
| \Box Check enclosed (payable to Mercy Hospital Foundation) |
| ☐ Credit Card ☐ Visa ☐ Am Ex ☐ Mastercard ☐ Discover |
| Credit Card # |
| Expiration date |
| Signature |
| Date |
| Golfer Information Team Captain |
| Email |
| Player 2 NamePlayer 2 email |
| Player 3 Name |
| Player 3 email |
| Player 4 Name |

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960 (fax)

