

Big Bend Hospice Wakulla County



GOLF Tournament

- 4 Players 2 Best Balls
- Cash Par Three Prizes
- Cash Putting Contest

Friday, October 30, 2009
Wildwood Country Club
11:30 Registration & Lunch
12:30 pm Tee-off

2009 SPONSORSHIP OPPORTUNITIES

\$1,000 Hope Sponsor

- Prominent placement of company logo in advertising & event signage
- Company banner displayed at awards ceremony
- Special recognition at awards ceremony
- Recognition in Hospice Horizons newsletter mailed to 14,000 households
- Recognition on Big Bend Hospice website
- 4-player team and one tee sponsorship

\$500 Compassionate Care Sponsor

- Company logo on event signage
- Recognition in Hospice Horizons newsletter mailed to 14,000 households
- Recognition on Big Bend Hospice website
- 4-player team including cart, lunch, awards ceremony & goody bag for each player

\$800 Lunch Sponsor

- Company name on event signage
- Recognition in Big Bend Hospice newsletter
- 4-player team including cart, lunch, awards ceremony & goody bag for each player
- Company Banner displayed at lunch site
- Sponsor may provide company logo napkins, cups, table tents, decorations or giveaways on all tables at lunch site

\$400 4-Man Team

- Includes cart, lunch, awards ceremony & goody bag for each player

\$125 Individual Player

- Includes cart, lunch, awards ceremony & goody bag

\$100 Tee Sponsor

- Your company name & logo on a sign placed on the course, or you may choose to dedicate a hole in memory of a loved one or friend.

2009 Wakulla County Big Bend Hospice Golf Tournament

Friday, October 30, 2009 • Wildwood Country Club

Sponsorship Level: _____

Amount: \$ _____

(Please select an opportunity listed in sponsorship package)

Company: _____ Contact: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

\$100 Hole sponsorship: _____

Message to be placed on Signage: _____

Logos may be e-mailed in PDF format to: Pamal@bigbendhospice.org

Return Entry Form and Make Checks Payable to:

Big Bend Hospice Foundation

1723 Mahan Center Blvd.

Tallahassee, FL. 32308

Method of Payment: _____

Check enclosed

Charge my

Visa

M/C

Account # _____

Exp Date: _____

Name _____

Signature _____

Or Call Pam Allbritton 508-8749 to Sign Up!

- Team Information:**
- 11:30 am Registration
 - 12:30 pm Shotgun Start

Team Captain: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

Player 2: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

Player 3: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

Player 4: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

**THIS INFORMATION MUST BE COMPLETED & RETURNED
NO LATER THAN OCTOBER 16, 2009,**

send by fax to (850) 575-7864, email to pamal@bigbendhospice.org.

Big Bend Hospice Foundation, Inc., is exempt from federal income tax under section 501(c)(3) of the IRS code. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-HELP-FLA. Registration does not imply endorsement, approval or recommendation by the State. 100% of funds raised support the mission and services of Big Bend Hospice. SC-00273