TOURNAMENT GIVING OPPORTUNITIES - RSVP FORM

❏ **TITLE SPONSOR** **$25,000**
Receives: One Foursome, Sponsor Gift, Prominent Listing on Sponsor Board, One Full Page Gold Ad, Dinner Sponsor, Player's Gift

❏ **PRESENTING SPONSOR** **$15,000**
Receives: One Foursome, Sponsor Gift, Prominent Listing on Sponsor Board, One Full Page Silver Ad, Player's Gift, Choice of: Lunch Sponsor - Cocktail Party Sponsor - Contest Sponsor

❏ **EAGLE SPONSOR** **$12,500**
Receives: One Foursome, Sponsor Gift, Listing on Sponsor Board, One Full White Page Ad, Player's Gift, Choice of: Long Drive sponsor - Closest to Pin - Golf Cart Sponsor (~ 60 carts)

❏ **BIRDIE SPONSOR** **$7,500**
Receives: One Foursome, Listing on the Sponsor Board, One Half-Page Ad, Player's Gift, Choice of: Long Drive sponsor-Closest to the Pin Sponsor

❏ **PAR SPONSOR** **$5,000**
Receives: One Foursome, Listing on the Sponsor Board, One Half Page Ad, Hole Sponsor Signage, Player's Gift

❏ **GREEN SPONSOR (Group of Friends)** **$2,500**
Receives: Four Players, Player's Gift, Special listing of your "fearsome foursome" in the Ad Journal

❏ **TEE SPONSOR** **$1,500**
Receives: Two Players, One Quarter-Page Ad, Player's Gift

❏ **INDIVIUDAL PLAYER** ..... **$ 475**
Individual Player Only, Lunch and Dinner, Player's Gift

❏ **DELUXE HORS D'OEUVRES BUFFET GUEST** ..... **$ 125**

AD BOOK INFORMATION

❏ Gold Page - $1500 ❏ White Full Page - $500
❏ Silver Page - $1000 ❏ White Half Page - $300
❏ White Quarter Page - $150

Please use the enclosed form for your ad copy. We can provide typesetting services at no additional cost but camera ready logos and artwork must be provided by advertiser.
AD COPY MUST BE RECEIVED BY MAY 13TH, 2010.
Thank you.

******* Please use the reverse side of this form to list your players and handicaps. *******

GOLF REGISTRATION FORMS SHOULD BE RETURNED BY MAY 28.

TOTAL ENCLOSED:

SPONSORSHIP AT _____ LEVEL $ _____

SINGLE PLAYER _____ @ $475 $ _____

AD ONLY $ _____

DONATION ONLY $ _____

BUFFET ONLY _____ @ $125 $ _____

TOTAL: $ _____

Please make checks payable to The Parkinson Council

PARKINSON'S GOLF CLASSIC

THE PARKINSON COUNCIL
111 Presidential Blvd., Suite 250
Bala Cynwyd, PA 19004-1023

Credit cards: Mastercard ❏ Visa ❏ #_____ **Exp. Date**_____

NAME (as it should appear on printed materials) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

CONTACT _____ FAX _____ E-MAIL _____

FOR TOURNAMENT QUESTIONS AND FOR ADDITIONAL INFORMATION, PLEASE CALL 610-668-4292 OR CHECK OUR WEBSITE AT www.theparkinsoncouncil.org

11TH ANNUAL PARKINSON'S GOLF CLASSIC

PLAYER'S REGISTRATION FORM

PLEASE COMPLETE THIS FORM AND ENCLOSE IT IN THE RETURN ENVELOPE PROVIDED ALONG WITH YOUR CHECK OR CREDIT CARD INFORMATION.

THANK YOU.

❏ I WILL NOT PLAY
❏ PLEASE PAIR ME. I AM A SINGLE.
❏ I WOULD LIKE TO PLAY WITH:

Mail to:
Parkinson's Golf Classic
111 Presidential Blvd., Suite 250
Bala Cynwyd, PA 19004-1023
610-668-4292 • Fax: 610-668-4275

PARKINSON'S GOLF CLASSIC

MY NAME _____

ADDRESS_____

CITY _____ STATE_____ ZIP _____

TELEPHONE NUMBER _____ E-MAIL _____

USGA INDEX _____

NAME _____

ADDRESS_____

CITY _____ STATE_____ ZIP _____

TELEPHONE NUMBER _____ E-MAIL _____

USGA INDEX _____

NAME _____

ADDRESS_____

CITY _____ STATE_____ ZIP _____

TELEPHONE NUMBER _____ E-MAIL _____

USGA INDEX _____

NAME _____

ADDRESS_____

CITY _____ STATE_____ ZIP _____

TELEPHONE NUMBER _____ E-MAIL _____

USGA INDEX _____