

Ready, Set, Swing!

Monday, June 26, 2017

Montcalm Golf Club | Enfield, NH



Corporate Sponsorship Opportunities

EAGLE SPONSOR - \$10,000

Includes all \$5,000 benefits* plus:

- 12 player registrations (3 foursomes)
- One tee sign and four cart signs
- Presenting Sponsor Banner with name/logo
- Cross-promotion at other annual events including the 2017 Gala and the 93rd Annual Hospital Days
- Premier logo placement in all pre-** and post-event promotion

BIRDIE SPONSOR - \$5,000

Includes all \$2,500 benefits* plus:

- 8 player registrations (2 foursomes)
- Tee sign at one hole
- Logo featured on welcome banner
- Corporate name/logo featured on event registration webpage

PAR SPONSOR - \$2,500

Includes all \$1,000 benefits* plus:

- 4 player registrations (1 foursome)
- Tee sign at one hole
- Corporate name featured in event advertising

CART SPONSOR - \$1,000

Includes all \$500 benefits* plus:

- Signage on four player carts during the event

TEE SPONSOR - \$500

- Tee sign at one hole
- Corporate name on event webpage
- Corporate name in the Friends Newsletter

**Please note player registrations and signage benefits are not cumulative.*

***Inclusion in pre-event promotion materials is dependent on commitment date.*

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SPONSORSHIP REGISTRATION FORM

- Eagle Sponsor - \$10,000**
- Cart Sponsor - \$1,000**
- Birdie Sponsor - \$5,000**
- Tee Sponsor - \$500**
- Par sponsor - \$2,500**
- I am unable to attend this year's event and do not require sponsorship recognition, however I do wish to support the hospital. Please accept my check in the amount of \$_____ to support New London Hospital.

PLAYER REGISTRATION FORM

1.	_____	_____	_____
	Golfer's Name	Company	USGA Handicap
	_____	_____	_____
	Address	Phone	Email
2.	_____	_____	_____
	Golfer's Name	Company	USGA Handicap
	_____	_____	_____
	Address	Phone	Email
3.	_____	_____	_____
	Golfer's Name	Company	USGA Handicap
	_____	_____	_____
	Address	Phone	Email
4.	_____	_____	_____
	Golfer's Name	Company	USGA Handicap
	_____	_____	_____
	Address	Phone	Email

Total Number of Players:

CONTACT & PAYMENT INFORMATION

Name Company

Address, City, State, Zip

Email Phone

Check enclosed in the amount of \$_____
Make check payable to New London Hospital Golf Invitational

Credit Card #:

Exp Date:

Name on Card:

Signature:

Entry Fee Per Player: \$250
Includes green fees, cart, lunch, player gift and awards reception.

Schedule:
Registration: 11:30 AM
Shotgun Start: 1:00 PM
Awards Reception: 6:30 PM
Format: One person best ball

Total Payment:

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	Golfer's Name	Company	USGA Handicap
	_____	_____	_____
	Address	Phone	Email
2.	_____	_____	_____
	Golfer's Name	Company	USGA Handicap
	_____	_____	_____
	Address	Phone	Email
3.	_____	_____	_____
	Golfer's Name	Company	USGA Handicap
	_____	_____	_____
	Address	Phone	Email
4.	_____	_____	_____
	Golfer's Name	Company	USGA Handicap
	_____	_____	_____
	Address	Phone	Email

Total Number of Players:

CONTACT & PAYMENT INFORMATION

_____	_____
Name	Company

Address, City, State, Zip	

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