

**Lakeview Health Services Golf Classic Sponsorship  
Registration Form**

- |   |  |
|---|--|
| <input type="checkbox"/> \$3,000 Sponsorship    | <input type="checkbox"/> \$500 Beverage Sponsorship      |
| <input type="checkbox"/> \$1,000 Sponsorship    | <input type="checkbox"/> \$500 Driving Range Sponsorship |
| <input type="checkbox"/> \$600 Sponsorship      |  |
| <input type="checkbox"/> \$600 Cart Sponsorship |  |

Prize Donation:  
*Please describe what type of donation you would like to make and how many:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Golfers Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
*Please complete if you would like a confirmation notice*

I will golf with:  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_

1. Would you like to provide a treat or product from your business on the course? Yes / No

If yes please specify what you plan to provide: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Some businesses like to donate candy bars or another snack on the course for golfers or they choose to bring a product from their business to hand out to each of the golfers on the course. The max number of golfers is 144.*

2. Will you provide a representative from your business to be present on the course? Yes / No

*Each hole that we have a goodie for the golfers, we like to have a representative at that hole – whether it be from your business or a volunteer from Lakeview.*