

Metroplex 20th Annual Spring Golf Classic

Sunday, May 3, 2009

Stonetree Golf Club, Killeen, TX

7:00 a.m. Registration • 8:00 a.m. Scramble - Shotgun Start

Benefiting the Sue Mayborn Women's Center

Limited to 144 golfers - Register Now!

Sponsorship and registration includes:

Green fees • Cart rental • Goody bag • Continental breakfast • Cookout lunch
Door, hole and team prizes • Contest holes

SPONSORSHIP REGISTRATION

Please Print

Sponsor/Company: _____

Contact: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ Fax: _____

- Corporate** \$1,500
8 golfers • Top sponsor • Awards program • All advertising
- Underwriter** \$750
4 golfers • Priority sponsor • Event recognition • Thank you ad
- Diamond** \$500
4 golfers • Event recognition • Thank you ad
- Gold** \$300
2 golfers • Event recognition • Thank you ad
- Silver** \$200
1 golfer • Event recognition • Thank you ad
- Bronze** \$150
Event recognition • Thank you ad
- One Team** \$300
4 golfers
- One Golfer** \$75

Sponsorship Subtotal: \$ _____

- I would like to purchase the **Player's Prize Package** for \$10/golfer
Team Eagle Hole • 2 Mulligans • 1 Door Prize Ticket
____ of golfers @ \$10 each = \$ _____
Total Enclosed: \$ _____

Payment Form:

- Check Enclosed
- Visa MasterCard American Express Discover
- Card #: _____ Exp. Date: _____
- Name on Card: _____ Signature: _____

Make checks payable to: Metroplex Health System Foundation – Tax ID#59-2219301

*For income tax purposes, you may deduct a charitable contribution less the value of the goods and services you receive.
The value for this event is calculated at \$30/golfer.*

PLEASE COMPLETE GOLFER INFORMATION ON BACK



Golfer Information

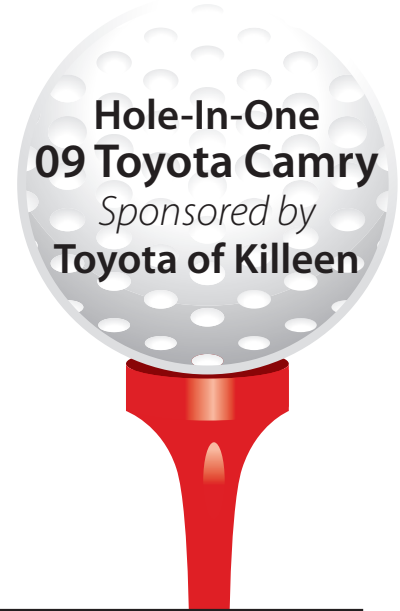
Prizes

- 1st Place Team: \$400
- 2nd Place Team: \$300
- 3rd Place Team: \$200
- \$140 to 5th • 10th • 15th • 20th • 25th • 30th • 35th • 36th teams
- Nearest to Pin: \$50
- Most Accurate Drive: \$50

Final payout will be based on number of golfers

- I am a sponsor but do not wish to play or use the entries.
Please donate my team(s).

Please print



| Golfer #1 | Golfer #2 |
|-------------------------------------|-------------------------------------|
| Name: _____ | Name: _____ |
| Company: _____ | Company: _____ |
| Address: _____ | Address: _____ |
| City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____ |
| Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ |
| Golfer #3 | Golfer #4 |
| Name: _____ | Name: _____ |
| Company: _____ | Company: _____ |
| Address: _____ | Address: _____ |
| City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____ |
| Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ |

Thank you for your generosity and support!

Please contact Daphne Meade, Foundation Manager for more information
254.519.8307 or daphne.meade@ahss.org