



# REGISTRATION FORM

## 13th ANNUAL GOLF BENEFIT TOURNAMENT

Supporting Providence Community Health Centers

Shelter Harbor Golf Club, Charlestown, RI

June 5, 2019, 1:00 pm Shotgun

- Platinum Sponsor - \$25,000**  
Sixteen (16) player spots, Platinum Event Signage, Ad in Program, Corporate Tee Sign, including lunch, cocktail hour, and dinner
- Gold Sponsor - \$15,000**  
Twelve (12) player spots, Gold Event Signage, Ad in Program, Corporate Tee Sign, including lunch, cocktail hour, and dinner
- Silver Sponsor - \$10,000**  
Eight (8) player spots, Silver Event Signage, Ad in Program, Corporate Tee Sign, including lunch, cocktail hour, and dinner
- Bronze Sponsor - \$7,500**  
Four (4) player spots, Bronze Event Signage, Ad in Program, Corporate Tee Sign, including lunch, cocktail hour, and dinner
- Foursome Sponsor - \$2,500**  
Four (4) player spots, including lunch, cocktail hour, and dinner

**\*The following Sponsorship Opportunities include special signage, program book ad and recognition:**

- Dinner Sponsor\* - \$7,500**
- Lunch Sponsor\* - \$5,000**
- Raw Bar Sponsor\* - \$3,500**
- Cocktail Sponsor\* - \$3,000**
- Tee Sign only - \$500**
- Cocktails and Dinner - \$100 per person**

### SPONSOR INFORMATION

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### FOURSOME INFORMATION

Player	Player Name	Player Email	Handicap	Box Lunch	Attend Dinner (casual dress)	Shirt Size (please circle)
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>S M L XL XXL</b>
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>S M L XL XXL</b>
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>S M L XL XXL</b>
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>S M L XL XXL</b>

### PAYMENT

- Check enclosed **Please make check payable to Providence Community Health Centers, Inc.**
- Visa  Mastercard  American Express  Discover

Credit Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV \_\_\_\_\_

Signature: \_\_\_\_\_

**Mail payment along with  
completed registration form by  
May 7th to:**

Providence Community Health Centers, Inc.  
Attn: Debra Spicuzza  
375 Allens Avenue  
Providence, RI 02905