

REGISTRATION AND
SPONSOR FORMGolf
TOURNAMENT

MONDAY, DECEMBER 6, 2021

Friendly Hills Country Club, 8500 Villaverde Drive, Whittier, CA 90605

7:30 am check-in and continental breakfast | 8:45 am call to carts | 9 am shotgun start

To register online, visit
PIHHealth.org/Golf

Title Sponsor _____ **\$50,000**
Exclusively provided by R.C. Baker Foundation

SOLD

FOURSOME TEAMS

Double Eagle Team _____ **\$10,000**

Includes golf for four along with continental breakfast, barbecue lunch and heavy hors d'oeuvres | Recognition as benefactor in PIH Health publications | Two tee signs | Tee favors

Eagle Team _____ **\$6,000**

Includes golf for four along with continental breakfast, barbecue lunch and heavy hors d'oeuvres | Recognition as benefactor in PIH Health publications | One tee sign | Tee favors

Birdie Team _____ **\$4,000**

Includes golf for four along with continental breakfast, barbecue lunch and heavy hors d'oeuvres | One tee sign | Tee favors

Par Team _____ **\$2,000**

Includes golf for four along with continental breakfast, barbecue lunch and heavy hors d'oeuvres | Tee favors

Individual Player _____ **\$500**

Includes golf for one along with continental breakfast, barbecue lunch and heavy hors d'oeuvres | Tee favors (Space is limited. Individual players will be added as space allows.)

UNDERWRITING OPPORTUNITIES*

Greens _____ **\$25,000**

Recognition throughout the course | Recognition as benefactor in PIH Health publications | Two tee signs

Awards Reception _____ **\$12,000**

Recognition at Awards Reception | Recognition as benefactor in PIH Health publications | Two tee signs

Cocktail Reception _____ **\$6,000**

Recognition at cocktail reception | Name/company logo on drink tickets | One tee sign

Lunch _____ **\$6,000**

Recognition at lunch | Have a table and/or sign for marketing during lunch | One tee sign

Breakfast _____ **\$5,000**

Recognition at breakfast | Have a table and/or sign for marketing during breakfast | One tee sign

Awards _____ **\$5,000**

Presenter of awards | Recognition during award presentation | One tee sign

On-Course Activities _____ **\$5,000**

Sign at holes with on-course activities | One tee sign

Auction _____ **\$4,000**

Recognition at auction registration and check-out | Recognition during silent auction | One tee sign

Wine _____ **\$4,000**

Table tent with name/company logo on dinner tables | Tag with name/company logo on wine bottles | One tee sign

Golf Carts _____ **\$4,000**

Recognition in all golf carts | One tee sign

Volunteer _____ **\$4,000**

Recognition on volunteer name badges | One tee sign

Golf Ball Logo _____ **\$3,500**

Name/company logo on golf balls distributed to each player

Opportunity Drawing _____ **\$3,000**

Name/company logo on Opportunity Drawing poster and presenter of Opportunity Drawing winners

Friends of PIH Health _____ **\$1,500**

Recognition at the event

Chipping Contest _____ **\$1,000**

Name/company logo on Chipping Contest sign

Mulligan _____ **\$1,000**

Name/company logo on Mulligans

Snack _____ **\$500**

Name/company logo on snack selection throughout the event

Tee Sign _____ **\$250**

Name/company logo on a tee sign displayed on the course

CONTACT

Name _____ Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Tee sign recognition detail _____

or email company logo to Foundation.Events@PIHHealth.org.

Please list preferred foursome or we can assign you to a team.

				M	F
1. (Captain) _____	Email _____	Phone _____		<input type="checkbox"/>	<input type="checkbox"/>
2. _____	Email _____	Phone _____		<input type="checkbox"/>	<input type="checkbox"/>
3. _____	Email _____	Phone _____		<input type="checkbox"/>	<input type="checkbox"/>
4. _____	Email _____	Phone _____		<input type="checkbox"/>	<input type="checkbox"/>

I am unable to attend, but I would like to support \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

PAYMENT

Charge my credit card (fax this form to 562.789.5928)

Mastercard Visa Discover American Express

Card Number _____

Expiration Date _____ CVV _____

Signature _____

Business Name _____

Make checks payable to PIH Health Foundation.

Mail checks (with entry form) to:

PIH Health Foundation

12401 Washington Blvd.

Whittier, CA 90602

To register online, visit PIHHealth.org/Golf.

For questions please call **562.698.0811 Ext. 81520**

or email Foundation.Events@PIHHealth.org.



Foundation

*Golf not included with Underwriting Opportunities. Underwriting Opportunities are 100% tax deductible.

PIH Health Foundation respects your privacy. If you prefer not to receive any further communications from us, please email PIHHealth.Foundation@PIHHealth.org or call **562.698.0811 Ext. 81520**. It may take up to 30 days to process your request.