

# SATILLA HEALTH FOUNDATION

**15th Annual Charity Golf Classic**  
**Friday, October 21, 2011**  
**Okefenokee Country Club**  
**Blackshear, Georgia**



**Event Sponsor \$4000**

Includes: 3 Foursomes, prominent positioning of company logo on tournament banners, table at registration and tee box display for your promotional materials.

**Gold Sponsor \$2500**

Includes: 2 foursomes, company logo on tournament banners, tee box display for your promotional materials

**Silver Sponsor \$1500**

Includes: Golf for two players and company logo on tournament banners.

**Lunch Sponsor \$2500**

Includes: 1 Foursome, table tents in dining room, tee box display for your promotional materials.

**Cart Sponsor \$1200**

Includes: Golf for two players, signage on carts.

**Hole Sponsor \$250**

Includes: Signage on one hole.

**Foursome \$400 Individual Player \$125**

Includes: Lunch, green fees, golf carts and beverages.

**Players Package \$15**

*To recognize fifteen great years of golf!*

Includes: Two shots from the ladies tee and two throws from the green.



Registration Form  
Satilla Health Foundation  
15<sup>th</sup> Annual Charity Golf Classic  
Friday, October 21, 2011  
Lunch available at 11:00 AM  
Driving range open at 11:00 AM  
Shotgun start: 12:30 PM

Mail or fax this form to:  
2006 Alice Street  
Waycross, GA 31501  
Fax: (912) 490-0097  
To pay online visit:  
satilla.org/shf.aspx  
Information at:

[www.satilla.org/documents/2011SHFGolfTournament.pdf](http://www.satilla.org/documents/2011SHFGolfTournament.pdf)

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City, state, zip: \_\_\_\_\_

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

### Registration

Foursome \$400 \_\_\_\_\_  
Individual Golfer \$125 \_\_\_\_\_  
# of Players Packages \$15 x # \_\_\_\_\_

### Sponsorship

Event sponsor \$4000 \_\_\_\_\_  
Gold Sponsor \$2500 \_\_\_\_\_  
Silver sponsor \$1500 \_\_\_\_\_  
Lunch Sponsor \$2500 \_\_\_\_\_  
Cart Sponsor \$1200 \_\_\_\_\_  
Hole Sponsor \$250 \_\_\_\_\_  
Sponsor name as you would like it to appear on  
tournament materials: \_\_\_\_\_

### Player names and handicaps:

Player 1 Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_

Player 2 Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_

Player 3 Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_

Player 4 Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_

### Prize Donation

If you are interested in donating merchandise as a tournament prize or gift, please contact Amanda Daniels at [amandada@satilla.org](mailto:amandada@satilla.org).

### Payment

Total Amount Enclosed: \$ \_\_\_\_\_

\_\_\_\_ Check (Payable to the Satilla Health Foundation)

\_\_\_\_ Credit Card: \_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ AMEX

Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

If you wish to pay online, please visit [satilla.org/shf.aspx](http://satilla.org/shf.aspx) and click on the donate button at the bottom right. Please note "Golf" in the appropriate field during checkout.

You may register by faxing this completed form to (912) 490-0097 or by mailing it to 2006 Alice Street, Waycross, GA 31501

For more information, contact Amanda Daniels at (912) 490-0124 or [amandada@satilla.org](mailto:amandada@satilla.org).

