



All proceeds to benefit
Dominican's Mobile Medical Clinic.
DeLaveaga Golf Course, June 18, 2010

2010 Annual Golf Tournament Sponsorship Levels

\$5,000 Grand Tournament

- Company logo on banner
- Entry for 8 golfer participants
- Entry for 8 guests at dinner banquet
- Special recognition on all golf related material

\$3,000 Ace

- Entry for 4 golf participants
- Entry for 4 guests at dinner banquet
- Recognition on all golf related material

\$2,500 Birdie

- Entry for 3 golf participants
- Entry for 3 guests at dinner banquet
- Recognition on all golf related material

\$2,000 Par

- Entry for 2 golf participants
- Entry for 2 guests at dinner banquet
- Recognition on all golf related material

\$1,500 Lunch

- Entry for 2 golf participants
- Recognition at lunch distribution area
- Recognition on all golf related material

\$1,000 Driving Range

- Recognition at the driving range
- Recognition on all golf related material

\$ 750 Registration

- Recognition at registration table
- Recognition on all golf related material

\$ 150 Tee or Green

- Signage at a tee or green
- Recognition on all golf related material



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2010 Annual Golf Tournament Sponsorship Form

Please check your sponsorship level:

<input type="checkbox"/>	**Grand Tournament	\$5,000
<input type="checkbox"/>	Ace	\$3,000
<input type="checkbox"/>	Birdie	\$2,500
<input type="checkbox"/>	Par	\$2,000
<input type="checkbox"/>	Lunch	\$1,500
<input type="checkbox"/>	Driving Range	\$1,000
<input type="checkbox"/>	Registration	\$ 750
<input type="checkbox"/>	Tee or Green	\$ 150

Sponsorship forms due June 7, 2010

Please Mail to:

**Dominican Hospital Foundation 1555 Soquel Drive, Santa Cruz, Ca 95065 Attn: Chris Griesinger
 or fax to: 831 462-7608**

Make checks payable to:

Dominican Hospital Foundation 1555 Soquel Drive, Santa Cruz, CA 95065

Check VISA MasterCard _____ - _____ - _____

PRINT name as it appears on card _____ Exp. Date _____

Address _____ City _____ State _____ Zip _____

Signature _____ Phone: (____) _____ Total paid \$ _____

** If you are a Grand Tournament Sponsor, please email an electronic file of your company logo to:
 Chris Griesinger Dominican Hospital Foundation, 1555 Soquel Drive,
 Santa Cruz, CA 95065 Phone - 831 462 7743 E-mail - cgriesi@chw.edu Fax - 831 462 7608
 Tax ID # 94-2450442



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2010 Annual Golf Tournament Donation Form

Item Name: _____ Value of Item(s):\$ _____

Description of item(s) donated: _____

Contact Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #:_(____)_____ Email Address: _____

Mailed date: _____ Delivery date: _____ Pick up date: _____

All donations are due by June 7, 2010

*For more information contact: Chris Griesinger
Dominican Hospital Foundation, 1555 Soquel Drive, Santa Cruz, CA 95065
Phone - 831 462 7743 E-mail - cgriesi@chw.edu Fax - 831 462 7608
Tax ID # 94-2450442*