



To register, please complete and return in the envelope provided to: Cumberland Health Care Foundation — 19428 Hwy 2, Amherst, NS, B4H 1N6 Email: info@chcfoundation.com Phone:  $902-667-5400 \times 6210$  or 6126 Fax: 902-667-6029

Pay to Play									
	Platinum Team—\$1,000		Basic Team (4 players)—\$100 Teams must include at least one adult. School-aged						
	Gold Team—\$500		children welcome. Include children's ages below. See over for package details						
	Silver Team—\$300	- 🗆	Single Player—\$25						
	Bronze Team—\$150		Single players will be matched whenever possible to create a "Team of 4."						

What's Included								
	Platinum \$1,000	Gold \$500	Silver \$300	Bronze \$150	Basic \$100			
Team of 4 players	•	<b>✓</b>	~	•	•			
Corporate Banner at Event *	<b>✓</b>	_	_	_	_			
Corporate Mention at Start of Game	•	_	_	_	_			
Signage on Hole 1**	~	_	_	_	_			
Signage on Hole 2 **	_	<b>✓</b>	_	_	_			
Signage at Putting Green **	_	_	~	_	_			
Signage at Registration Tent **	_	_	_	<b>✓</b>	_			
Website Listing	~	<b>✓</b>	~	_	_			
Event Program ***	•	<b>✓</b>	~	~	_			

## **Included for Every Player!**

 $welcome\ gifts \bullet fun\ hole\ challenges \bullet putting\ contest \bullet free\ team\ photo \bullet lots\ of\ refreshments \bullet more!$ 

- \* Corporate banner to be supplied by sponsor prior to event date. It will be returned to you afterward.
- \*\* Hole signage is produced by the Foundation. Holes are named for the day of tournament only. Up to nine holes are available for corporate naming. Putting Green & Registration Tent areas may have multiple signs.
- \*\*\* Includes logo if supplied.

Team Information										
Name/Company:			Contact Person:							
Mailing Address:										
Email:			Phone:							
My Team's Name:										
Player 1:	Age: (if under 16)	Player 3:		Age: (if under 16)						
Player 2:	Age: (if under 16)	Player 4:	Age: (if under 16)							
Included for Every Player! welcome gifts • fun hole challenges • putting contest • free team photo • lots of refreshments • more!										
I'm unable to play	Yes, please accept my donation for this worthy cause!									
but wish to help!	□ \$25 □ \$50 □ \$100 □ \$250 □ \$500 □ Other \$									
I want to be a	Prize Sponsor—I would like to d for the tournament. My/our dona acknowledged in the souvenir ex		ation will be	☐ I can deliver prizes to the Foundation by August 11 <sup>th</sup>						
Prize Sponsor	_	ve a tax receipt (if		Prizes can be picked up (Amherst area).						
I want to provide a booth for refreshments or giveaways  Booth Sponsor—I have something to share! Let's keep our charity players entertained an fied! We'd love it if you could provide giveaways to promote your business or set up to pro ideal snack or beverage. Great attention for your business and something fun for the playe Book before August 7th so we can include a listing for you in our souvenir event program. No										
Payment Information										
My total is \$ □ Cash □ VISA □ Mastercard □ AMEX □ Cheque (payable to Cumberland Health Care Foundation)										
Card No:			Expiry:							
Cardholder Name:			Signature:							
☐ Invoice us plea	se.		☐ Our payment is being sent directly to the Foundation.							