



SPONSOR RESERVATION FORM

ST. JOHN'S HOSPITALS "PLAY IT FORWARD" GOLF TOURNAMENT
BENEFITING NEUROSCIENCE PROGRAMS AND SERVICES

Monday, June 1, 2020

The Saticoy Club

For event information, contact Taylor Penny at (805) 988-2821 or email: taylor.penny@dignityhealth.org.

Contact Name _____ Title _____

Company _____ Phone _____

Address _____ Fax _____

City _____ Email _____

State _____ Zip _____

I would like to participate at the following level:

- | | |
|---|--|
| <input type="checkbox"/> Title Sponsor \$ 10,000 | <input type="checkbox"/> Goody Bag or Ball Drop Sponsor \$ 3,000 |
| <input type="checkbox"/> Awards or Reception Sponsor \$ 7,500 | <input type="checkbox"/> Contest Sponsor \$ 2,000 |
| <input type="checkbox"/> Golfer Gift Sponsor \$ 5,000 | <input type="checkbox"/> Driving Range or Putting Sponsor \$ 2,000 |
| <input type="checkbox"/> Golf Ball or Trophy Sponsor \$ 4,000 | <input type="checkbox"/> Birdie Sponsor \$ 1,500 |
| <input type="checkbox"/> Beverage or Lunch Sponsor \$ 3,500 | <input type="checkbox"/> Tee Sign Sponsor \$ 500 |

Please fill out the **Participation Information Form** on the other side of this page.

- I am unable to participate, but enclosed is a gift of \$ _____ to support St. John's Hospitals.

Method of Payment

- Enclosed is my check payable to "St. John's Healthcare Foundation" in the total amount of \$ _____.
- Please charge \$ _____ to my MasterCard Visa American Express Discover
- Card number _____ Expiration date _____ CV code _____
- Name on card _____ Signature _____ Date _____

Mail or Fax to:

St. John's Healthcare Foundation
 1600 N. Rose Avenue Oxnard, California 93030
 Phone: (805) 988-2821 Fax: (805) 981-4450

Funds raised from the "Play It Forward" Golf Tournament will benefit Neurosciences at St. John's Hospitals. Contributions are tax-deductible as allowed by law, less the value of any goods or services provided. Federal Tax ID: 20-2865781.
 Visit us at SupportStJohns.Org/Golf to register.



PARTICIPANT INFORMATION FORM

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Please list all golfer's player contact information.

Name (1)

Title _____ Company _____
Address _____
City/State/Zip _____
Phone _____ Fax () _____ Email _____

Name (2)

Title _____ Company _____
Address _____
City/State/Zip _____
Phone _____ Fax () _____ Email _____

Name (3)

Title _____ Company _____
Address _____
City/State/Zip _____
Phone _____ Fax () _____ Email _____

Name (4)

Title _____ Company _____
Address _____
City/State/Zip _____
Phone _____ Fax () _____ Email _____