



Benefiting Asthma Programs for Kids

Pinnacle Golf Club
September 21, 2010
Registration Form

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail Address: _____

Golfer 1: _____ **Golfer 2:** _____

Golfer 3: _____ **Golfer 4:** _____

*Golfer's names can be submitted at a later date by e-mail to kconrad@thebreathingassociation.org

Participation Levels

Participate in the event and enjoy the benefits of additional exposure by taking part as one of our sponsors.

- | | | |
|---|--|---|
| <input type="checkbox"/> Presenting Sponsor - \$10,000
(Includes 2 Foursomes) | <input type="checkbox"/> Beverage Sponsor - \$1500 | <input type="checkbox"/> Hole Sponsor - \$1200 |
| <input type="checkbox"/> Dinner Sponsor - \$5000 | <input type="checkbox"/> Driving Range Sponsor - \$1500 | <input type="checkbox"/> Foursome - \$1000 |
| | <input type="checkbox"/> Awards Sponsor - \$1500 | <input type="checkbox"/> Individual - \$250 |

Asthma Acknowledgement - \$20

The person(s) you would like to acknowledge

Mail or fax registration form to:

The Breathing Association Golf Classic
1520 Old Henderson Rd.
Columbus, OH 43220
Attn: Karen Conrad, Development Manager
Fax: 614.457.3777

- Check Enclosed
 Invoice me for \$ _____