



## Benefiting Asthma Programs for Kids

Pinnacle Golf Club  
September 22, 2009  
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](mailto: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"/> <b>Presenting Sponsor</b> - \$10,000<br>(Includes 2 Foursomes) | <input type="checkbox"/> <b>Beverage Sponsor</b> - \$1500      | <input type="checkbox"/> <b>Hole Sponsor</b> - \$1200 |
| <input type="checkbox"/> <b>Dinner Sponsor</b> - \$5000                                 | <input type="checkbox"/> <b>Driving Range Sponsor</b> - \$1500 | <input type="checkbox"/> <b>Foursome</b> - \$1000     |
|   | <input type="checkbox"/> <b>Awards Sponsor</b> - \$1500        | <input type="checkbox"/> <b>Individual</b> - \$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 \$ \_\_\_\_\_