

SPONSORSHIP OPPORTUNITIES

www.chmcla.org/golf

CALIFORNIA HOSPITAL GOLF CLASSIC

MONDAY, APRIL 26, 2010

PRESENTING SPONSOR

\$20,000

- Corporate name integrated into name of event
- Logo on tournament welcome banner
- Three company banners strategically placed
- Four on-course tee signs at tournament
- Three foursome entries with tee gift package for each player
- Sponsorship acknowledgment in pre- and post-event marketing and publicity
- Eight additional reservations for reception and awards dinner
- Opportunity to participate in Evening's program
- Name recognition on CHMC Golf Classic Website
- Recognition as Presenting Sponsor in Program Booklet
- Opportunity to have corporate display on course

GOLD SPONSOR

\$10,000

- Logo on tournament welcome banner
- Two foursome entries with tee gift package for each player
- Three on-course tee signs at tournament
- Acknowledgment in all event marketing and publicity
- Opportunity to participate in Evening's program
- Name recognition on CHMC Golf Classic Website
- Recognition as Gold Sponsor in Program Booklet

DINNER SPONSOR (Exclusive)

\$8,000

- Name on tournament welcome banner
- Foursome entry with tee gift package for each player
- Two on-course tee signs at tournament
- Dinner Sponsor signage on all banquet tables
- Acknowledgment in all event marketing and publicity
- Name recognition on CHMC Golf Classic Website
- Recognition as Dinner Sponsor in Program Booklet

GOLF CART SPONSOR (Exclusive)

\$7,000

- Name on tournament welcome banner
- Foursome entry with tee gift package for each player
- Exclusive cart signs with logo on all carts
- One on-course tee sign at tournament
- Acknowledgment in all event marketing and publicity
- Name recognition on CHMC Golf Classic Website
- Recognition as Golf Cart Sponsor in Program Booklet

CADDIE SPONSOR (Exclusive)

\$6,500

- Name on tournament welcome banner
- Foursome entry with tee gift package for each player
- Exclusive caddie aprons with logo
- One on-course tee sign at tournament
- Sponsorship acknowledgment in all event marketing and publicity
- Name recognition on CHMC Golf Classic Website
- Recognition as Caddie Sponsor in Program Booklet

LUNCH SPONSOR (Exclusive)

\$6,500

- Name on tournament welcome banner
- Foursome entry with tee gift package for each player
- One on-course tee sign at tournament
- Lunch sponsor poster in reception area
- Acknowledgment in all event marketing and publicity
- Name recognition on CHMC Golf Classic Website
- Recognition as Lunch Sponsor in Program Booklet

SILVER SPONSOR

\$6,000

- Name on tournament welcome banner
- Foursome entry with tee gift package for each player
- One on-course tee sign at tournament
- Acknowledgment in all event marketing and publicity
- Name recognition on CHMC Golf Classic Website
- Recognition as Silver Sponsor in Program Booklet

CORPORATE TEE SIGN

\$1,000

- One on-course tee sign with your corporate name
- Recognition in Program Booklet

INDIVIDUAL GOLFER

\$1,500

RECEPTION, DINNER & PROGRAM ONLY

\$200

One (1) Player Package benefits include:

- Green fees
- Cart fees
- Locker fees
- Caddie fees
- Range balls
- Premium gifts
- Continental breakfast
- Lunch
- Reception and Awards dinner





SPONSOR RESERVATION FORM

CALIFORNIA HOSPITAL GOLF CLASSIC

MONDAY, APRIL 26, 2010 *Sherwood Country Club*

For event information, contact CHMC Foundation at 213.742.5876 or email: chmcfoundation@chw.edu.

Contact Name _____ Phone _____
 Company _____ Fax _____
 Address _____ Email _____
 City _____ Website _____
 State _____ Zip _____

I would like to participate at the following level:

- | | |
|---|--|
| <input type="checkbox"/> Premiere Sponsor \$20,000 | <input type="checkbox"/> Lunch Sponsor* \$6,500 |
| <input type="checkbox"/> Gold Sponsor \$10,000 | <input type="checkbox"/> Silver Sponsor \$6,000 |
| <input type="checkbox"/> Dinner Sponsor* \$ 8,000 | <input type="checkbox"/> Corporate Tee Sponsor \$1,000 |
| <input type="checkbox"/> Golf Cart Sponsor* \$ 7,000 | <input type="checkbox"/> Individual Golfer \$1,500 |
| <input type="checkbox"/> Caddie Sponsor* \$ 6,500 | <input type="checkbox"/> Reception & Dinner Only \$ 200 |

* Exclusive Opportunity. Subject to commitment timing.

*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 California Hospital Medical Center.

Method of Payment

Enclosed is my check payable to "**CHMC Foundation**" in the total amount of \$ _____ .

Please charge \$ _____ to my MasterCard Visa American Express

Card number _____ Expiration date _____

Name on card _____ Signature _____ Date _____

Mail or Fax to:

California Hospital Medical Center Foundation
 Attn: Golf Classic
 1401 South Grand Avenue Los Angeles, California 90015
 Fax: 213.742.5875



PARTICIPANT INFORMATION FORM

CALIFORNIA HOSPITAL GOLF CLASSIC

MONDAY, APRIL 26, 2010 *Sherwood Country Club*

Please list all golfers, including their email address and player index for all foursome members.

Name (1)

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

Name (2)

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

Name (3)

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

Name (4)

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