OCTOBER 14 | SOUTHSHORE COUNTRY CLUB

REGISTRATION

Please complete and return via mail, fax or email by October 2, 2024
St. Rose Dominican Health Foundation
102 E. Lake Mead Parkway, Henderson, NV 89015 | Fax: **702.616.4405**
Barbara.Davis@DignityHealth.org

Name ____

Company ____

Address ____

City, State ____________________________________ Zip Code _____________ Telephone ______________

Cell Phone ______________ Fax ______________ E-mail ____

SPONSORSHIP LEVELS

Title Sponsor SOLD OUT! ____ one at $30,000

Presenting Sponsor SOLD OUT! ____ three at $12,000

Concept Shop Sponsor ____ one at $10,000

Cart Sponsor ____ one at $8,000

Gold Sponsor ____ each at $6,000

Silver Sponsor ____ each at $4,000

Breakfast Sponsor ____ each at $3,500
Two available

Awards Reception Sponsor SOLD OUT! ____ each at $3,500
Two available

Foursome ____ each at $3,000

Drone Drive Sponsor ____ each at $3,000

Longest-Drive Sponsor ____ one at $2,500

Closest-to-the-Pin Sponsor ____ one at $2,500

Putting Contest Sponsor ____ one at $2,500

Hole Sponsor ____ each at $1,000
Nine available

Individual Golfer ____ each at $750

Pin Flag Sponsor ____ each at $350

Non-Golfers: ____ each at $150
Join us for the Awards Reception at 2:00 PM

I am unable to attend, but enclosed is my donation of $________________ Total Due $_________________

Printed Name ____

Signed ____ Date ______________________

Payment: ❑Please mail invoice to the above address. ❑Please charge to the credit card below.

Make checks payable to: St. Rose Dominican Health Foundation

Mastercard/Visa/American Express/Discover *(please circle the card you wish to use)*

Card Number ____ Expiration Date ______________________

Cardholder's Name (please print) ____

Cardholder's Signature ____ Date ______________________

If you would like further information or to confirm your sponsorship or participation, please contact the St. Rose Dominican Health Foundation at **702.616.4450**.