



# SPONSORSHIP FORM



THE ROTARY CLUB OF KEY WEST 12<sup>TH</sup> ANNUAL GOLF TOURNAMENT - JANUARY 18<sup>TH</sup> 2015 @ KEY WEST GOLF CLUB  
PROCEEDS TO BENEFIT THE DENTAL NEEDS OF LOCAL CHILDREN

## COMPANY SPONSOR REGISTRATION

Company Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

PLEASE CHECK THE LEVEL BELOW THAT YOU WISH TO SPONSOR FOR THE GOLF TOURNAMENT

\_\_\_\_ EAGLE - \$1,500

COMPANY NAME ON 18<sup>TH</sup> TEE – REGISTRATION FOR 12 PLAYERS IN TOURNAMENT

\_\_\_\_ BIRDIE - \$1,000

COMPANY NAME ON TEE – REGISTRATION FOR 8 PLAYERS IN TOURNAMENT

\_\_\_\_ PAR - \$500

COMPANY NAME ON TEE – REGISTRATION FOR 4 PLAYERS IN TOURNAMENT

\_\_\_\_ BOGEY - \$250

COMPANY NAME ON TEE – REGISTRATION FOR 2 PLAYERS IN TOURNAMENT

\_\_\_\_ HOLE IN ONE - \$100

COMPANY NAME ON TEE

MAIL CHECK AND FORM TO: THE ROTARY CLUB OF KEY WEST:

819 Peacock Plaza #118, Key West FL 33040

CHECKS Are To be Made Out to THE ROTARY CLUB OF KEY WEST FOUNDATION

CREDIT CARD PAYMENT – CARD TYPE \_\_\_\_\_ CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ BILLING ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ FAX FORM To: 866.925.4539

FOR ADDITIONAL INFORMATION EMAIL US AT [KWDENTALTOURNAMENT@GMAIL.COM](mailto:KWDENTALTOURNAMENT@GMAIL.COM)

## INDIVIDUAL PLAYER REGISTRATION

Contact Person \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

REGISTRATION FEE: \$100.00 per player  
INCLUDES: 2 Red Tees & 2 Mulligans

REG FEE INCLUDES: Snacks & Beverages on Course  
Lunch After Tournament, and a Goody Bag

Player 1 \_\_\_\_\_ Handicap \_\_\_\_\_  
Player 2 \_\_\_\_\_ Handicap \_\_\_\_\_  
Player 3 \_\_\_\_\_ Handicap \_\_\_\_\_  
Player 4 \_\_\_\_\_ Handicap \_\_\_\_\_  
Player 5 \_\_\_\_\_ Handicap \_\_\_\_\_  
Player 6 \_\_\_\_\_ Handicap \_\_\_\_\_