

MONDAY, OCTOBER 1, 2018  
Black Rock Country Club | Hingham, MA



## Sponsorship and Player Registration Form

Please print sponsor name exactly as you wish to be listed on promotional materials. To ensure your acknowledgement in the promotional materials, this form must be received no later than September 2, 2018.

SPONSOR / COMPANY NAME

ADDRESS

TELEPHONE

FAX

EMAIL

CONTACT NAME

## Registration Deadline

September 2, 2018

Register online at the website shown below

Or return this form with payment to:

South Shore Health System Foundation  
55 Fogg Road  
South Weymouth, MA 02190

Or fax to: (781) 335-3412

## Sponsorship Commitment

- Tournament Sponsor ..... \$25,000
- Premier Sponsor ..... \$15,000
- Gold Sponsor ..... \$10,000
- Classic Tee Sponsor ..... \$2,750
- Green Sponsor ..... \$1,500
- Single Tournament Player ..... \$500

## Players

Please register my foursome. Payment enclosed covers fees for all. *Selection is on a first come, first served basis.*

NAME

NAME

NAME

NAME

## Patrons

- I cannot attend, but would like to contribute \$\_\_\_\_\_ to benefit programs at South Shore Health System.
- My check or money order is enclosed for: \$\_\_\_\_\_ (*make payable to South Shore Health System*).
- Credit Card. Charge my credit card: \$\_\_\_\_\_  VISA  MasterCard  American Express  Discover

CARD NUMBER

EXP (MO/YR)

NAME AS IT APPEARS ON CARD (PLEASE PRINT)

AUTHORIZATION SIGNATURE

## Questions?

Contact Marc Cregan at  
MCregan@southshorehealth.org  
or (781) 624-8607  
or fax (781) 335-3412.

Register at [SouthShoreHealth.org/SnellWebsterGolf](http://SouthShoreHealth.org/SnellWebsterGolf)



South Shore Health System Foundation