

GOLF REGISTRATION FORM



Mental Health Services
for Clark and Madison Counties, Inc.

18th Annual Madison Avenue Pharmacy's Max Graves Mental Health Open

Wednesday, September 22, 2010

Registration and payment of full entry fee
due by September 9, 2010.



<u>Tournament Play/Sponsorship</u>	<u>Pricing</u>
<input type="checkbox"/> Individual Golfer To be Teamed with Other Individuals	\$ 125.00
<input type="checkbox"/> Tournament Sponsor Hole Sign with Name Placed on Golf Course	\$ 200.00
<input type="checkbox"/> Team Sponsor Golf Fees for Four Players	\$ 500.00
<input type="checkbox"/> Prestigious Sponsor Golf Fees for Four Players plus Hole Sign	\$ 700.00
<input type="checkbox"/> Corporate Sponsor Catered Corporate Tent, Golf Fees for Four Players, plus Much More!	\$1,500.00

For registration purposes, please provide the following information:

Company Name: _____

Contact Name: _____

Address: _____

City/State: _____

Zipcode: _____

Phone: _____

Fax: _____

Email: _____

Please fax or mail this form to: Lynn Coressel, 601 N. Fountain Ave., Springfield, OH 45504
Phone: 937-390-7973 • Fax: 937-521-1500 • email: lynn.coressel@mhscc.org