



CHARITY GOLF OUTING



CLARION HOSPITAL FOUNDATION

**Friday, July 25<sup>th</sup>**  
**Clarion Oaks Golf Course**  
**Clarion, PA**  
 8:30 Registration  
 10:00 Shot Gun Start

**Sponsorship Levels:**

- Tournament Sponsor \$5,000 (4some included)
- Dinner Sponsor \$3,000 (4some included)
- Lunch/Breakfast Sponsor \$2,000 (4some included)
- Gold Sponsor \$1,000
- Silver Sponsor \$750
- Bronze Sponsor \$500
- Hole Sponsor \$250

**Team and Sponsor Registration Form**

**Company/Organization Name:** \_\_\_\_\_  
*(as you would like it to appear in print)*

**Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Team Members:**

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

**Sponsorship Level:** \_\_\_\_\_

To join us as a golf outing sponsor, please complete the form and return it with your payment by **June 27th**.

***Golf Fee Includes:***

Green Fees, Cart, Continental Breakfast,  
 Lunch, Dinner, Raffles

\_\_\_\_\_ x \$150 per golfer  
 \_\_\_\_\_ Sponsorship  
 \_\_\_\_\_ Total Due

Payable by: (Check One)  Cash  Check  Credit Card

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ CVV Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Makes checks payable to: **Clarion Hospital Foundation**

**1 Hospital Drive Clarion, PA 16214**

For more information or to register by phone call Bridget Thornton at (814) 221-8923 or  
 by email at [Bridget.Thornton@independence.health](mailto:Bridget.Thornton@independence.health)

The amount of the contribution that is tax deductible is limited to the excess of any money contributed by the donor over the value of goods and services provided by Clarion Hospital. The hospital does not base buying decisions on donations given.