



YOU'RE INVITED TO JOIN US AT THE

Tee Off for Transplant Porter Golf Classic



Benefiting Porter Adventist Hospital Transplant Programs

Country Club at Castle Pines Monday | July 12, 2021

6400 Country Club Drive | Castle Rock, CO 80108

- 8:30 Registration begins
- 9:15 Brunch and Presentation
- 10:15 Driving Range/Putting Green open
- 11:15 Announcements on Driving Range
- 11:30 Shotgun Start

- Snacks provided on the course, appetizers and awards reception at end of Tournament
- Hole-in-One and other on-course contests
- Proper golf attire required

Benefiting:

Porter Adventist Hospital
Transplant Programs

For more information or to register, visit:

rmahf.org/portergolf

Hole in One Sponsor:



Porter Hospital Foundation
 Centura Health.



SPONSORSHIP OPPORTUNITIES

SPONSORSHIPS AVAILABLE	TITLE SPONSOR \$10,000	EAGLE SPONSOR \$7,500	BIRDIE SPONSOR \$5,500	MULLIGAN SPONSOR \$3,000
Corporate logo on sponsor sign	x	x	x	
Hole sign recognition	Logo on all 18 holes	Logo on Two	Logo on One	Name on One
Logo on pin flags placed at holes	All 18 holes	#1 and #10		
Company banner displayed at tournament	x			
Recognition at brunch, tournament, and awards ceremony	x	x	x	
Logo placement on table signs on dining tables	x	x		
Corporate logo or individual name in tournament program	& Website	& Website	Logo	Name
Opportunity to include item in golfer giveaway bag	x	x	x	
Foursomes in tournament	2	2	1	1
Mulligan package for foursomes	x	x		

REGISTRATION

Yes, I Would Like to Participate:

TITLE SPONSOR
\$10,000

EAGLE SPONSOR
\$7,500

BIRDIE SPONSOR
\$5,500

MULLIGAN SPONSOR
\$3,000

I am unable to attend the golf tournament, but have enclosed a donation of _____.

Organization or Individual Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Sponsor Representative Signature _____

Payment Information:

Cash Check

Credit Card Visa Mastercard Discover Amex

Cardholder Name _____

Account Number _____ Exp Date _____

Signature _____

Foursome Registration:

Player #1: _____

Player #2: _____

Player #3: _____

Player #4: _____

Please return with payment by June 30, 2021 to:

Send completed forms and payment to: Porter Hospital Foundation | 950 E Harvard Ave, Ste 230 | Denver, CO 80210

For questions or to register: Ann Pinelli at 303-715-7609, annapinelli@Centura.org or rmahf.org/portergolf