

GUADALUPE FREE CLINIC • GOLF CLASSIC TOURNAMENT SPONSORSHIP ENTRY FORM

CORPORATE HOLE SPONSORSHIP \$2500

Corporation Name _____

Your Name _____

Address _____

Telephone Number _____

Email Address _____

**Please fill out the Golf Classic Registration Form with your team's information*

MEMORIALIZED HOLE SPONSORSHIP \$2000

Name of Loved One _____

Your Name _____

**Please fill out the Golf Classic Registration Form with your team's information*

GUADALUPE FREE CLINIC • GOLF CLASSIC TOURNAMENT PARTICIPANT ENTRY FORM

TEAM CAPTAIN:

PLAYER 1 Name _____

Address _____

Telephone Number _____

Email Address _____

TEAM MEMBERS:

PLAYER 2 Name _____

Email Address _____

PLAYER 3 Name _____

Email Address _____

PLAYER 4 Name _____

Email Address _____