

# Help Pregnancy Golf Tournament

## REGISTRATION FORM

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
Phone \_\_\_\_\_ Business Name \_\_\_\_\_

**\*\*Please choose from the following options:**

### Sponsorship Tier

- Tournament Sponsor \$10,000
- Diamond Sponsor \$7,500
- Platinum Sponsor \$5,000
- Gold Sponsor \$2,500
- Silver Sponsor \$1,500
- Golf Cart Sponsor \$1,000
- Beverage Cart Sponsor \$500
- Hole Sponsor \$250

### Player Tier

- Individual Player \$150
- Foursome Team \$550

### Tournament Add-Ons

- Mulligan Package \$60
- Individual Mulligan \$20
- Raffle Ticket (1) \$5
- Raffle Bunch (5) \$20
- Raffle Bundle (20) \$60

Please fill out the reverse side of this page with your team information. You may drop this form and payment off at our Monroe location or mail it to us at

**Help Pregnancy Center C/O Jill Cory  
480 Help Street, Monroe, NC 28110.**



Follow this QR code to make your payment online



# Help Pregnancy Golf Tournament

## TEAM ROSTER

### Team 1:

#### Player 1

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

#### Player 2

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

#### Player 3

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

#### Player 4

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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### Team 2:

#### Player 1

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

#### Player 2

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

#### Player 3

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

#### Player 4

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_