

## Corporate Sponsorships

Through participation of corporate sponsors, NARMC is able to host a fun filled day of golf and fellowship with golfers from all over the state. As a corporate sponsor, your business will receive:

- \* **Free Team Registration**
- \* **Recognition on Sponsorship Sign**
- \* **Recognition at Special Event Hole**
- \* **Sponsor Gratuity Gift**
- \* **Complimentary Lunch for each Player**
- \* **Complimentary Goody Bag for each Player**
- \* **Inclusion in post event marketing coverage**

### SPONSORSHIP FORM

Sponsor Name:
Mailing Address:
City, State, Zip:
Phone:
Contact Name:

**Please make checks payable to:**

North Arkansas Medical Foundation  
620 N. Main St.  
Harrison, AR 72601

**For more information contact:**

Stacy Foley, Foundation Executive Director  
(870) 414-4549 or stacy.foley@narmc.com

North Arkansas Medical Foundation  
620 N. Main St.  
Harrison, AR 72601

# NARMC 16<sup>TH</sup> Annual Golf Classic

Monday, June 6<sup>th</sup>, 2011



Proceeds from the tournament benefit the North Arkansas Medical Foundation and are used to purchase patient care equipment, enhance facilities and create additional services to best serve our patients and community.

Tax receipts will be available upon request.

All contributions are tax deductible to the maximum extent provided by law.

We appreciate your support!



Monday, June 6, 2011  
Harrison Country Club

Registration Fees

Individual Player: \$90

Team: \$370

Corporate Sponsorship: \$500

See back of form for details

*\* Various sponsorship opportunities are available.  
Please call the Foundation Office to learn more.*

Fees Include

Green Fee

Lunch

Tee Prizes

Player Gift

Team Photos

Unlimited Refreshments from Hospitality Cart

Tournament Format

3-Person Scramble

8:00 AM & 1:00 PM Shotgun Starts

Prizes awarded to the top three teams in each flight.

Entry will be honored by first come first serve.

Contests

Closest to the Pin

Longest Drive—Male and Female

Hole in One

Putting Contest

“Sure Puts” and Putting Contest Packages are available at Registration for \$10 per player.

TEAM/PLAYER INFORMATION

*Individual players will be placed on a team.*

**Team Captain**

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Player #2**

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Player #3**

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Tee Time Preference:** 8:00 AM 1:00PM

please circle

**No. of Carts Needed:** 1 2

please circle

Please return registration form and fee to:

North Arkansas Medical Foundation

Attention: Stacy Foley

620 N. Main St.

Harrison, AR 72601