**Sponsor and Golfer Registration**

***Please complete and return this form to Ronald McDonald House Charities of***

***Nashville by mail, email to*** ***amy@rmhcnashville.com*** ***or fax to (615) 343-4004.***

**Playing Sponsorships**

\_\_\_ **Yes, I would like to participate as the (circle one):**

Title Sponsor • Presenting Sponsor • Premier Sponsor • Music City Dinner & Auction Sponsor

“19th Hole” Cocktail Awards Reception Sponsor • Corporate Sponsor

**\_\_\_ Yes, I would like to participate with \_\_\_\_ Individual Golfer Spots at $1,300 each**

**Non-Playing Sponsorships (no golfer spots included)**

**\_\_\_ Yes, I would like to participate as a (circle one or more):**

Goody Bag Sponsor • Breakfast Sponsor • Lunch Sponsor • Beverage Cart Sponsor

On-Course Contests Sponsor • Air Cannon Sponsor • Hole-in-One Sponsor •

Putting Contest Sponsor • Water Hazard Sponsor • Tee/Hole Sign Sponsor

**\_\_\_ Yes, I would like to participate as an Electronic Ad Sponsor with the following (circle one):**

$300 Full-Screen Ad • $150 Half-Screen Ad • $75 Quarter Screen Ad

**\_\_\_ Yes, I would like to purchase \_\_\_\_ Music City Dinner & Auction Tickets at $150 each.**

**\_\_\_ Yes, I would like to reserve \_\_\_\_ rooms at the Cambria hotel for May 10th at $175 each.**

**\_\_\_ No, I am unable to participate, but enclosed is my donation in the amount of:**  \_\_\_\_ $1,000 \_\_\_\_ $500 \_\_\_\_$250 \_\_\_\_ Other

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX \_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to pay by: Check \_\_\_\_\_ MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_

Total enclosed: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number Expiration Date CVV Code

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Name as it appears on card (Please print)

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Website and social media handles of company (if applicable for sponsor recognition)

**Golfer Name Email Needs Hotel Room? *(yes or no)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please complete this form and return to** **Amy@rmhcnashville.com** **or mail to:**

**RMHC of Nashville, 2144 Fairfax Ave., Nashville, TN 37212**