

ADIRONDACK MEDICAL CENTER

15th Annual Golf Tournament

Friday, July 30, 2010

Lake Placid Club Mountain Course

Proceeds to benefit the programs & services of
Adirondack Medical Center

(Please respond by July 12th)

YES! We would like to "chip in" for AMC ...




Corporate Name: _____

Contract Person: _____

Address: _____

Phone No.: _____ E-mail: _____

Please indicate your sponsorship level choice:

 pepsi Exclusive Affiliation	_____ Putting Contest Sponsor	\$1,800.00
_____ Corporate Sponsor \$5,000.00	_____ Hole/Green/Tee Sponsor (Gold)	\$1,400.00
_____ Barbecue Sponsor \$3,000.00	_____ Hole and Green Sponsor (Silver)	\$1,000.00
_____ Hole-in-One Sponsor \$1,800.00	_____ Hole or Green or Tee Sponsor (Bronze)	\$600.00

Check Enclosed: _____

Check to Follow: _____ (Prior to July 12th)

Will you be entering a team of four? Yes _____; # of Teams Entered: _____ No _____

What is your tee-off time preference? 7:30 a.m. Tee-Off _____ 1:00 p.m. Tee-Off _____

PLEASE NOTE: 1:00 p.m. tee-off reservations will be on a first come, first serve basis

Each sponsor receives one complimentary team of four, in addition to signage and/or banner (depending on sponsorship level).

Golf slots are limited, so please indicate whether you will be entering a team of four (or more).

Additional registrations are \$85.00 per person - TEAMS OF FOUR ONLY (\$340.00)

Registration includes cart, greens fee, gifts, barbecue and awards.

If you know your team members/ names, please so indicate on the reverse side of this form.

Please make your check payable to
ADIRONDACK MEDICAL CENTER

Mail to: Cheryl Breen Randall, Executive Director
AMC Foundation, P.O. Box 120, Saranac Lake, NY 12983

Phone: (518) 897-2348 Fax: (518) 897-2858 E-mail: cbreen@amcCares.org or after 3/26/10 hhanford@amcCares.org

**Your participation is deeply appreciated and will support
AMC and its mission "excellent health care close to home"!**

Adirondack Medical Center is a 501(C)(3) not for profit corporation
and all contributions are tax deductible to the extent allowed by law.

Fed I.D. #14-1731786

Adirondack Medical Center

15th Annual Benefit Golf Tournament

Friday, July 30, 2010

CORPORATE REGISTRATION

*Golf slots are limited,
so send your registration in early!
Corporate Deadline: Monday, July 12, 2010*



Company: _____

Address: _____

Phone: (____) _____ E-mail: _____

*Please print your organization's name below
as you would like it to appear on your signage:*

(Organization's Name for Signage)

COMPLIMENTARY RESERVATION

Player #1 _____ Handicap: _____

Player #2 _____ Handicap: _____

Player #3 _____ Handicap: _____

Player #4 _____ Handicap: _____

TEAM HANDICAP TOTAL: _____



Your support is deeply appreciated!

Please return this form with your check payable to

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