

31st Annual Survivors Rehabilitation Golf Tournament



Fairbanks Ranch Country Club

15150 San Dieguito Road
Rancho Santa Fe, California 92067

Sponsorship Opportunities

Beneficiary:

**All tournament proceeds will benefit patients
who have suffered traumatic brain injuries.**



Sharp HealthCare Foundation is a 501(c)(3) not-for-profit organization.
Federal Tax ID #95-3492461

31st Annual Survivors Rehabilitation Golf Tournament

When:

Monday, June 26, 2017

Noon, Shotgun Start

Tournament awards reception to follow tournament play

Where:

Fairbanks Ranch Country Club

15150 San Dieguito Road

Rancho Santa Fe, California 92067

Beneficiary:

All tournament proceeds will benefit patients
who have suffered traumatic brain injuries.

2017 Golf Committee:

Ray Willenberg, Co-chair

Robert deRose, Co-chair

Diane Anderson

Betsy Boney

Marty Ehrlich

Dan Hanzlik

Kris Nelson

Patti Zlaket

Sharp HealthCare Foundation Staff:

Lisa Andrews

Tournament Manager

(858) 499-4823

Lisa.Andrews@sharp.com

31st Annual Survivors Rehabilitation Golf Tournament

Exclusive Sponsor Benefits:

Sponsor Levels	
TITLE Sponsor \$20,000	<ul style="list-style-type: none"> • Top tournament billing – "XYZ Company" presents Survivors Rehabilitation Golf Tournament • Twelve individual (12) tournament players • Full-page advertisement in tournament electronic program & recognition in tournament publicity • Company banner (provided by sponsor) displayed at entrance to event • Recognition and logo in all tournament publicity • Company name on all holes • Option to include promotional materials (provided by sponsor) in player bags • Acknowledgement from podium during awards ceremony • Invitation to the Sharp Distinguished Corporate Sponsor Breakfast with Sharp leadership
PREMIER \$10,000 Sponsor	<ul style="list-style-type: none"> • Eight (8) individual tournament players • Full page advertisement in tournament electronic program • Company banner (provided by sponsor) displayed at event • Company name on all holes • Option to include promotional materials (provided by sponsor) in player bags • Acknowledgement from podium during awards ceremony • Invitation to the Sharp Distinguished Corporate Sponsor Breakfast with Sharp leadership
CORPORATE Sponsor \$5,000	<ul style="list-style-type: none"> • Four (4) individual tournament players • Company banner (provided by sponsor) displayed at event • Company name on assigned hole • Option to include promotional materials (provided by sponsor) in player bags • Invitation to the Sharp Distinguished Corporate Sponsor Breakfast with Sharp leadership
MASTERS Sponsor \$2,500	<ul style="list-style-type: none"> • Two (2) individual tournament players • Company banner (provided by sponsor) displayed at event • Option to include promotional materials (provided by sponsor) in player bags • Invitation to the Sharp Distinguished Corporate Sponsor Breakfast with Sharp leadership
HOLE Sponsor \$1,000	<ul style="list-style-type: none"> • Company name on an assigned hole • Option to include promotional materials (provided by sponsor) in player bags

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*Important Dates:

Due Date	What we need from you:
May 26, 2017	<ul style="list-style-type: none">• To be included in the event program, the pledge form or full payment must be received• Last day to deliver artwork for the program• Player names (if you would like to host a Sharp HealthCare executive, staff member or affiliated physician, please let us know)
June 9, 2017	<ul style="list-style-type: none">• Promotional materials delivered to Sharp HealthCare Foundation for player bags (please deliver a quantity of 144)• Company banner delivered to Sharp HealthCare Foundation
June 9, 2017	<ul style="list-style-type: none">• Final payment due

Ad Specifications:

Full Page: 10”w by 5.63”h

The electronic advertisement is **16:9 PowerPoint slides** that will run on loop throughout the day. The full size page is **10 inches wide by 5.63 inches tall – landscape orientation**. If you have questions or are unable to create a high quality ad, we will be happy to assist. Any questions, please contact Lisa Andrews at (858) 499-4823 or lisa.andrews@sharp.com.

Ads are due no later than June 9, 2017.

Please help us retain our quality standard by submitting high-resolution artwork (no low-resolution or internet artwork please). If you have questions or are unable to create a high quality ad, we will be happy to assist. Any questions, please contact Lisa Andrews at (858) 499-3028 or Lisa.Andrews@sharp.com.

31st Annual Survivors Rehabilitation Golf Tournament Pledge Sheet

Yes!

We will sponsor the
30th Annual Survivors Rehabilitation Golf Tournament:

- | | |
|---|---|
| <input type="checkbox"/> \$20,000 Title Sponsor | <input type="checkbox"/> \$2,500 Masters Sponsor |
| <input type="checkbox"/> \$10,000 Premier Sponsor | <input type="checkbox"/> \$1,000 Hole Sponsor |
| <input type="checkbox"/> \$5,000 Corporate Sponsor | |
- We cannot attend or sponsor this event, but would like to make a tax-deductible gift of \$_____ to support Sharp Memorial Hospital.

Sponsor Name Should Appear As: _____

Please be sure to include your company or name as you want it listed in the tournament program

Main Contact Name: _____

Contact Company/Title: _____

Address: _____

City, State & Zip: _____

Phone Number: _____ Email: _____

Payment:

- Check: please make checks payable to Sharp HealthCare Foundation
 Credit Card: Visa, MasterCard, or American Express

Card Number: _____ Exp. Date: _____

Name on card: _____

- Personal card Business card

Please return to Sharp HealthCare Foundation
8695 Spectrum Center Blvd., San Diego, CA 92123
Phone: (858) 499-3028 Fax: (858) 499-4546

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Sign Me Up!

June 26, 2017~ Fairbanks Ranch Country Club

Return to Lisa Andrews: lisa.andrews@sharp.com

Phone: (858) 499-4823 Fax: (858) 499-4546

My foursome will include the following players (*be sure to include current index and email*):

Player 1:

Name _____ Current Index _____ or Avg. Score _____

Company _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Player 2:

Name _____ Current Index _____ or Avg. Score _____

Company _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Player 3:

Name _____ Current Index _____ or Avg. Score _____

Company _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Player 4:

Name _____ Current Index _____ or Avg. Score _____

Company _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____