



PRATTVILLE BAPTIST HOSPITAL  
**GOLF CLASSIC**



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**TUESDAY, OCTOBER 3, 2023**

**ROBERT TRENT JONES CAPITOL HILL - LEGISLATOR AND SENATOR COURSES**

**SPONSORSHIP AGREEMENT**

Contact Name \_\_\_\_\_

Company Name (as it should appear on signage/program)  
\_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Yes, I/We would like to be a sponsor for the 2023 Prattville Baptist Hospital Golf Tournament

Sponsorship Level (Please see attached information) \_\_\_\_\_

\_\_\_\_\_ Playing Sponsorship (Please select which rounds you would like to play, based on the number of teams provided for your sponsorship)

Course: \_\_\_\_\_ Senator \_\_\_\_\_ Legislator

\_\_\_\_\_ Non-Playing Sponsorship (Hole Sponsor or Friend)

Yes, I/We would like to pre-purchase a Mulligan Package. *(Mulligans will also be available at the tournament)*

\_\_\_\_\_ \$40 per team of 4

I will pay by: \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ send invoice to above address

Credit Card Number \_\_\_\_\_

(Visa, Master Card, Discover or American Express)

Exp. Date \_\_\_\_\_ Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_

**Return to:** Baptist Health Care Foundation, P. O. Box 241647, Montgomery 36124

Fax to (334) 747-4204 or email to [foundation@baptistfirst.org](mailto:foundation@baptistfirst.org).

If you need additional information you may contact the Foundation office at (334) 747-4567.