



PRATTVILLE BAPTIST HOSPITAL
GOLF CLASSIC



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TUESDAY, OCTOBER 8, 2024
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 2024 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: _____

_____ Pay Online (www.baptistfoundation.org)

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

Fax to (334) 747-4204 or email to foundation@baptistfirst.org.

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