



## HealthLinks 2010 Registration

Apple Mountain \* Clarkesville, GA  
Tuesday, Sept. 14, 2010 \* 11:30 a.m. (Lunch)  
1 p.m. (Tee-off)

Team Captain: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Team Members:

Player's Name:	Handicap:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

#### Sponsorship Amount:

\$10,000      \$5,000      \$2,500      \$1,500      \$1,000 \_\_\_\_\_

(See brochure for sponsorship inclusions.)

#### Other:

Player Registration                      # of players \_\_\_ x \$125 each = \_\_\_\_\_

Hole Sponsorships                      # \_\_\_ x \$100 each = \_\_\_\_\_

Mulligans \$5 each; limit 5 per player      # \_\_\_ x \$5 each = \_\_\_\_\_

Ball Drop/Raffle Tickets                      # \_\_\_ x \$5 each = \_\_\_\_\_

**Total Enclosed or To Be Billed (circle one):** \_\_\_\_\_

\$1,000+ sponsors, please print name you want on recognition: \_\_\_\_\_

Checks payable to the HMC Foundation, Inc., **P.O. Box 37, Demorest, GA 30535.**  
Fax: **(706) 754-7300**      areed@hcmcmcd.org      **(706) 754-3113, ext. 1106**