

Belleville Hospitals' Golf and Tennis Classic

Golf Registration

(See reverse side for Tennis Registration)

GOLF CLASSIC - June 7, 2010

10:30 a.m. Lunch ♦ 11:30 a.m. Shotgun Start

Please check appropriate category(ies) and complete the sponsor/player information sections. To assure that the donation portion of your payment is tax deductible, we ask that you make checks payable to either Friends of St. Elizabeth's Hospital or Memorial Foundation - both IRS approved charitable corporations.

CATEGORY	DONATION	AMOUNT ENCLOSED
_____ Eagle	\$ 10,000	\$ _____
_____ Birdie	5,000	\$ _____
_____ Par	3,000	\$ _____
_____ Tee Sponsor	1,200	\$ _____
_____ Tee Sponsor without golfers	700	\$ _____
_____ Closest-to-the-Hole	750	\$ _____
_____ Contributor	250	\$ _____
_____ Patron	50-249	\$ _____
_____ Golfer	395	\$ _____
TOTAL ENCLOSED		\$ _____

BIRDIE/MATCH POINT COMBO (\$6,000)
 (Please complete golfer information, as well as tennis player information on reverse side of this form.)

\$ _____

SPONSORSHIP INFORMATION (Identify name as it is to appear on promotional sign and in hospitality program)

Individual/Company Name _____
 Contact Person/Title _____
 Street Address _____
 City, State and Zip Code _____
 Telephone Number (include area code) _____

GOLFER INFORMATION

Name _____ Size _____
 Company _____
 Street Address _____
 City, State, Zip Code _____
 Telephone Number (include area code) _____

TEAM INFORMATION: Complete if registering more than one golfer, or if identifying team preference. Golfers are registered on a **FIRST-PAID** basis. For those of you who have been playing on the same team for many years and wish your team to remain intact, we urge you to make sure that all of your team members return their registration form and donation expeditiously. If registering more than five golfers, list information on an additional sheet of paper.

	NAME	ADDRESS	PHONE	SIZE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Belleville Hospitals' Golf and Tennis Classic

Tennis Registration

(See reverse side for Golf Registration)

Please check appropriate category (ies) and complete the sponsor/player information sections. To assure that the donation portion of your payment is tax deductible, we ask that you make checks payable to either Friends of St. Elizabeth's Hospital or Memorial Foundation - both IRS approved charitable corporations.

TENNIS CLASSIC

A Round-Robin Event

FRIDAY, JUNE 4, 2010 6:30 p.m.

Kings Point

CATEGORY	DONATION	AMT. ENCLOSED
___ Championship	\$5,000	\$ _____
___ Match Point	1,500	\$ _____
___ Double Match Point	750	\$ _____
___ Patron	75	\$ _____
___ Ace Player	150	\$ _____
<i>(includes benefits package)</i>		
___ Player	50	\$ _____
TOTAL ENCLOSED		\$ _____

NON-COMPETITIVE

TENNIS CLASSIC

MONDAY, JUNE 7, 2010 1 p.m.

St. Clair Country Club Tennis Courts

CATEGORY	DONATION	AMT. ENCLOSED
___ Player	\$100	\$ _____
___ Couple	175	\$ _____
<i>(Two Players)</i>		
___ Player w/Guest	125	\$ _____
TOTAL ENCLOSED		\$ _____

___ Birdie/Match Point Combo	6,000	\$ _____
<i>(Please complete tennis player information, as well golfer information on reverse side of this form.)</i>		

SPONSORSHIP INFORMATION

(Identify name as it is to appear on promotional sign and in hospitality program)

Individual/Company Name _____

Contact Person/Title _____

Street Address _____

City, State and Zip Code _____

Telephone Number (include area code) _____

PLAYER INFORMATION

Name _____

Company _____

Street Address _____

City, State, Zip Code _____

PLEASE INCLUDE THE FOLLOWING INFORMATION FOR EACH PLAYER THAT YOU ARE REGISTERING:

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Return GOLF/TENNIS REGISTRATION FORM and PAYMENT TO:
Golf and Tennis Classic, P.O. Box 182, Belleville, Illinois 62222