



**REGISTRATION FORM**  
**Tuesday, May 15, 2018**  
**Hermitage Golf Course**  
**3939 Old Hickory Blvd.**  
**Old Hickory, TN 37139**

**Section 1: Registration / Sponsor Contact Information**

**Company:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Section 2: Sponsorship Opportunities**

<input type="checkbox"/> Title Sponsor \$40,000	<input type="checkbox"/> Ace Sponsor \$20,000	<input type="checkbox"/> Double Eagle Sponsor \$10,000
<input type="checkbox"/> Eagle Sponsor \$5,000	<input type="checkbox"/> Putting Contest & Driving Range \$1,500	<input type="checkbox"/> Full page ad \$200*
<input type="checkbox"/> Lunch Sponsor (1) \$3,000-	<input type="checkbox"/> Golf Team \$800	<input type="checkbox"/> ½ page ad \$100*
<input type="checkbox"/> Birdie Sponsor \$2,500	<input type="checkbox"/> Friends of Jason Level I \$1,000*	<input type="checkbox"/> Business card ad \$50*
<input type="checkbox"/> VIP Brunch Sponsor (1) \$6,000	<input type="checkbox"/> Friends of Jason Level II \$500*	<input type="checkbox"/> Mulligan \$20 Quantity _____
<input type="checkbox"/> In Memory of Loved One Lost to Suicide \$25*		<b>(Limit 4 per team/1 per person)</b>
<b>Name of Loved One:</b> _____		<input type="checkbox"/> Picnic Dinner Sponsor (1) \$6,000
<b>(Please send picture via email to <a href="mailto:golf@phillipfulmergolfclassic.com">golf@phillipfulmergolfclassic.com</a>)</b>		<input type="checkbox"/> Registration Sponsor (1) \$4,000
<input type="checkbox"/> Award Sponsor (1) \$3,500		<input type="checkbox"/> Other (Donation) \$ _____
<input type="checkbox"/> Drink Sponsor (1) \$500		

(\*Note: Friends of Jason and Advertising Sponsorships do not include teams)

**Section 3: Golfer Registration (Note: Eagle Sponsors and up receive 2 teams) (Title Sponsors receive 4 teams)**

<b>Team Name:</b> _____	<b>Team Name:</b> _____
Golfer 1: _____	Golfer 1: _____
Golfer 2: _____	Golfer 2: _____
Golfer 3: _____	Golfer 3: _____
Golfer 4: _____	Golfer 4: _____

**Section 4: Payment Details**

**CREDIT CARD:**  
Card Holder's Name: (Please Print) \_\_\_\_\_  
Amount to be charged to the following card: \$      .    
Credit Card Type:  Visa  Discover  American Express  Master Card  
Card #:              
Exp. Date     V-Code (3 to 4 digits on the back of the card)      
Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Check Enclosed**
- INVOICE:** Please send an invoice to my given address:

**Please send completed form to:**

**The Jason Foundation, Inc.**  
**Attn: PFCD Golf Classic**  
**18 Volunteer Drive**  
**Hendersonville, TN 37075**

**Fax: (615)264-0188, or Email: [golf@phillipfulmergolfclassic.com](mailto:golf@phillipfulmergolfclassic.com)**