



St. Joseph Home of Cincinnati  
22<sup>nd</sup> Annual Golf Classic  
August 2, 2010  
Sponsor/Participant Intent Form  
Registration Deadline June 1



Company Name: \_\_\_\_\_

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

Contact/Person Responsible for account: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ is proud to support the Saint Joseph  
(Company Name)

Golf Classic as a sponsor or participant at the level indicated below:

- Presenting Sponsor - \$7,500
- Fairway Sponsor - \$5,500
- Cart Sponsor - \$3,500
- Hole Sponsor - \$1,450
- Individual Golfer - \$200
- My check for \$\_\_\_\_\_ is enclosed.
- My check for \$\_\_\_\_\_ will be mailed to Saint Joseph Home no later than July 9, 2010.

**By signing below I agree to submit full payment to St. Joseph Home of Cincinnati for the above financial obligation on or before July 9, 2010. If payment has not been received by July 9, 2010 I agree that I have forfeited my playing position in this year's tournament.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Telephone

**Golfer Information:** Please Complete For Each Member of your Team.  
**This will enable us to mail your post-event photo.**  
**For each player, please check box if employed by sponsoring company**

**Golfer #1**  Employee of sponsoring company

Name: \_\_\_\_\_

Handicap: \_\_\_\_\_

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

Street: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Golfer #2**  Employee of sponsoring company

Name: \_\_\_\_\_

Handicap: \_\_\_\_\_

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

Street: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Golfer #3**  Employee of sponsoring company

Name: \_\_\_\_\_

Handicap: \_\_\_\_\_

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

Street: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Golfer #4**  Employee of sponsoring company

Name: \_\_\_\_\_

Handicap: \_\_\_\_\_

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

Street: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Registration Deadline June 1**

**Mail to: (Or Fax to: 563-1958)**

**St. Joseph Home Golf Classic**

**10722 Wyscarver Road**

**Cincinnati, Ohio 45241**

**Payment Deadline July 9<sup>th</sup>**