

Sponsorship Opportunities

Indicate sponsor level:

- \$300 Bronze Sponsor:**
Recognition on course and in tournament publicity.
- \$500 Silver Sponsor:**
Two player spots, recognition on course and in tournament publicity.
- \$750 Gold Sponsor:**
Four player spots, recognition on course and in tournament publicity.
- \$400 Beverage Cart:**
Company promotion on beverage cart on tournament day and recognition in tournament publicity.

Company: _____

Contact: _____

Address: _____

Phone: _____

E-mail: _____

_____ **Total Enclosed**

CareNet Counseling is a Non-Profit Organization with 501(c)(3) status.

CareNet Counseling

Provides interdenominational pastoral counseling to the local community

Directed by a board of prominent religious, business, professional, and health care leaders

Funded by area congregations, individuals, and foundations

Over 20 counseling offices throughout North Carolina.

Professional staff provided by
CareNet of North Carolina
of Wake Forest University
Baptist Medical Center.



CareNet Counseling

Medical Center Boulevard
Winston-Salem, NC 27157-1097
Tel: (336) 716-0855
Fax: (336) 716-0822
www.carenetcounseling.org

Accredited by the Samaritan Institute
Denver, CO

CareNet Counseling 5th Annual Golf Tournament



October 9, 2009

Bermuda Run West

Prizes

1st, 2nd and 3rd Place Prizes

Longest Drive (Men & Ladies)

Closest to the Pin (Par 3 Holes)

Large Assortment of Door Prizes

Each player package includes:
Green fees and cart, lunch,
beverages, player gift pack and
post-tournament reception.

Please mail entry form and fee to:

CareNet Counseling

Attn. Nancy Turner – Golf Tournament
Medical Center Blvd.
Winston-Salem, NC 27157-1097

Questions?

Please call (336) 716-0855.

Registration

CareNet Counseling
2009 Golf Tournament – \$100.00 per player
(\$70.00 is tax deductible)

Name _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Name _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Name _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Name _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Number of Players _____ x \$100= _____

Additional Donation to CareNet= _____

Total Enclosed: _____

Entries must be received by
Monday, October 5, 2009.

Schedule of Events

12:00 – 1:15 Registration
(catered lunch provided)

1:30 Shotgun Start Time

5:30 – 6:30 Reception,
Presentation of
Awards and Prizes

