



**HAYWOOD HEALTHCARE FOUNDATION  
2021 SPONSORSHIP PLEDGE  
AND  
REGISTRATION FORM**

Wednesday, August 25, 2021  
Maggie Valley Club

FORMAT: Captain's Choice 2 Person Teams

- \_\_\_\_\_ Ladies: 8:00 am Shotgun
- \_\_\_\_\_ Men's: 8:00 am Shotgun
- \_\_\_\_\_ Men's: 1:30 pm Shotgun
- \_\_\_\_\_ Gala: 6 pm - 9 pm

**Attire for Gala: Dressy Casual**  
**Ladies: Flat shoes recommended**

**ANNUAL SPONSORSHIP OPPORTUNITIES**

**Lead Sponsor—\$10,000+**

Category Exclusively, 8 Complimentary Golf Slots, 8 Complimentary Gala Tickets, 1 Reserved Table of 8, Logo & Name Recognition on all advertisements

**Platinum Sponsor—\$5,000**

6 Complimentary Golf Slots, 8 Complimentary Gala Tickets, 1 Reserved Table of 8, Logo & Name Recognition on all advertisements

**Feature Sponsor—\$2,500**

4 Complimentary Golf Slots, 6 Complimentary Gala Tickets, 1 Reserved Table of 8, Logo & Name Recognition on all advertisements

**Distinction Sponsor—\$1,500**

4 Complimentary Golf Slots, 6 Complimentary Gala Tickets, Name Recognition on all advertisements

**Gold Sponsor—\$1,000**

4 Complimentary Golf Slots, 4 Complimentary Gala Tickets, Name Recognition on all advertisements

**Silver Sponsor—\$500**

2 Complimentary Golf Slots, 2 Complimentary Gala Tickets, Name Recognition on all advertisements

**Tee Sponsor - \$250**

2 Complimentary Gala Tickets, Tee Sign on one of Golf Tees

**Green Sponsor—\$200**

2 Complimentary Gala Tickets, Green Sign on one of Golf Greens

**2021 Fund Initiatives**

\_\_\_\_\_ "HCC Health and Human Services Building"  
(Naming Opportunities Available)

\_\_\_\_\_ Unrestricted Endowment Fund

Name: \_\_\_\_\_  
Name to Appear on Brochure

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

Contact e-mail: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Sponsorship Level: \_\_\_\_\_

Signature: \_\_\_\_\_

Pledge \_\_\_\_\_ for 2021 to be paid by September 30, 2021

**2021 GOLF ENTRY FORM**

**Sponsors must return completed & signed golf entry forms to confirm registration. Non-sponsor entries must include \$150 with entry form to confirm registration. Entry fees are non-refundable. For more information, call 828-452-8343.**

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

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

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Golf Shirt Size: \_\_\_\_\_

E-mail: \_\_\_\_\_

Handicap (Verifiable) or USGA No.: \_\_\_\_\_

Home Course: \_\_\_\_\_

Partner's Name: \_\_\_\_\_

Partner's Telephone: \_\_\_\_\_

**FOURSOME:** If you have a preference, please indicate with whom you wish to play in a foursome and we will try to accommodate.

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

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

# of additional Gala Tickets at \$100 \_\_\_\_\_

**Note:** The handicap differential may not exceed 10 between partners.

**In addition to the information on this form, your golf partner must complete his/her waiver agreement.**

**WAIVER (must sign)**

**In consideration of acceptance of this entry, I waive all claims for myself and my heirs against officials or sponsors of the 2021 Golf Tournament for injury or illness which may directly result from my participation. I further state that I am in proper physical condition to participate in this event.**

Signature of Entrant

Date

**Please make check payable to HHF Foundation and return completed form to:  
Haywood Healthcare Foundation, 262 Leroy George Dr., Clyde, NC 28721  
Deadline to receive full sponsorship is August 16, 2021**