"HEALING WITH HORSES" GOLF OUTING

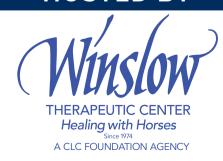
WEST HILLS COUNTRY CLUB - MIDDLETOWN, NY



PREMIERE EVENT SPONSOR



HOSTED BY





"HEALING WITH HORSES" GOLF OUTING

Monday, August 7th, 2023

Registration Deadline: July 25th, 2023

WEST HILLS COUNTRY CLUB | 121 GOLF LINKS ROAD MIDDLETOWN, NY

Proceeds benefit the programs and participants of Winslow Therapeutic Center, an agency of CLC Foundation.

EVENT ITINERARY

10:30am Registration & Lunch | 12pm Shotgun Start | 5pm Cocktail-style Dinner, Awards, & Raffle

Please choose your level of support below by checking the corresponding box. □ PUTTING GREEN Sponsor | \$1,500 **PREMIERE EVENT** *Sponsor* | \$10,000 EXCLUSIVE SPONSORSHIP - NOT AVAILABLE

Event Sponsored by Hudson Regional LTC Pharmacy

Name/logo incorporated into event marketing and signage

2 foursomes including lunch & cocktail-style dinner for 8 Name/logo on putting green and event signage • Lunch & cocktail-style dinner for 1 □ **REFRESHMENT** *Sponsor* | \$1,000 • Name/logo on refreshment cart and event signage □SCRAMBLE Sponsor | \$5,000 • Lunch & cocktail-style dinner for 1 • Name/logo on promotional golf balls, golf tees, and event signage • 1 foursome including lunch & cocktail-style dinner for 4 \Box **TROPHY** Sponsor | \$500 • Name/logo on trophy table and event signage □ **DRIVING RANGE** *Sponsor* | \$2,500 • Name/logo on driving range and event signage ☐ TEE SIGN Sponsor | \$150 • 1 foursome including lunch & cocktail-style dinner for 4 • Name/logo on tee sign and event signage □\$800 per foursome □\$250 per individual golfer □Lunch & Cocktail-style Dinner: \$100 per person Foursome includes lunch & cocktail-style dinner for 4. Individual Golfer includes lunch & cocktail-style dinner for 1.

Name: _____Company: _____ Address: ______City: _____ State: ____Zip: _____Phone # _____ Email: _____ Attendee Name: ______ ☐ Golfer ☐ Lunch, Cocktail, & Dinner Only Attendee Name: _____ ☐ Golfer ☐ Lunch, Cocktail, & Dinner Only □Golfer Attendee Name: Lunch, Cocktail, & Dinner Only Attendee Name: ______Attendee Name: ☐ Golfer ☐ Lunch, Cocktail, & Dinner Only I would like to donate an additional amount or I am unable to attend the event but would like to donate \$ To pay by credit card, register at WINSLOW.ORG/GOLF or complete the information below. Checks payable to Winslow Therapeutic Center. Pay by: ☐ Check ☐ Credit Card (send checks and/or completed form to 1433 State Route 17A Warwick, NY 10990) Name on Card:

Exp. _____ Sec. Code: _____ Total Amount to Charge: \$ _____