

Bacharach Hospital Foundation

19th Annual Invitational Golf Tournament

Sponsored by Harrah's Entertainment

NEW LOCATION

Friday, May 7, 2010 • Atlantic City Country Club

PROGRAM BOOK ADVERTISING

Full-page ad.....\$400
Half-page ad.....\$250

Full-page ad measures 5" wide by 8" high
Half-page ad measures 5" wide by 3.875" high

Mail camera ready art to:
Bacharach Institute for Rehabilitation
Attn: MJ Perskie
61 W. Jimmie Leeds Road
Pomona, NJ 08240

Email pdf ads to mjperskie@bacharach.org

Program Book deadline is Friday, April 16, 2010.

Bacharach
HOSPITAL FOUNDATION, INC.



19th Annual Invitational Golf Tournament

NEW LOCATION

Friday, May 7th, 2010

Atlantic City Country Club, Northfield, NJ

directions www.harrahs.com

7:30 a.m. Registration and Continental Breakfast

8:00 a.m. Shotgun Start

Post-Golf Barbecue and Awards

Full Day's Activities - \$250 pp

Play Format: Shotgun start, Modified Scramble

Prizes will be awarded in the following categories:

- Low Gross & Low Net Foursomes
- Closest to the Pin
- Longest Drive (Male & Female)
- Straightest Drive (Male & Female)

Bacharach

HOSPITAL FOUNDATION, INC.

SPONSORSHIP

Gold Club Sponsor - \$3,000

- Foursome for golf
- Full-page ad in Program Book
- Company name listed on signage at registration area

Silver Club Sponsor - \$2,000

- Twosome for golf
- Half-page ad in Program Book
- Company name listed on signage at registration area

Luncheon Sponsor - \$1,500

- Special signage at Luncheon
- Four tickets for Luncheon
- Half-page ad in Program Book

Golf Ball Sponsor - \$1,250

(two sponsorships available)

- Each golfer will receive a complimentary sleeve of golf balls imprinted with your company logo
- Half-page ad in Program Book

Beverage Cart Sponsor - \$750

- Special signage on the Beverage Cart

Gift & Award Sponsor - \$500

- Signage at Award Table

Tee Sponsor - \$300

Patron - \$100

REGISTRATION FORM

Golfer 1 _____ Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

Handicap Index* _____ Club _____

Golfer 2 _____ Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

Handicap Index* _____ Club _____

Golfer 3 _____ Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

Handicap Index* _____ Club _____

Golfer 4 _____ Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

Handicap Index* _____ Club _____

**Golfers with no handicap should provide the best score for 18 holes in the past year.*

SPONSORSHIPS

Please check appropriate box:

Gold Club Sponsor.....\$3,000 Beverage Cart Sponsor.....\$750

Silver Club Sponsor.....\$2,000 Gift & Award Sponsor.....\$500

Luncheon Sponsor.....\$1,500 Tee Sponsor.....\$300

Golf Ball Sponsor.....\$1,250 Patron.....\$100

(two sponsorships available)

PROGRAM BOOK

Full-page ad.....\$400 Half-page ad.....\$250

Name

E-mail

Phone

Thank you for your support!

Please make check payable to: Bacharach Hospital Foundation

61 W. Jimmie Leeds Road, Pomona, New Jersey 08240-0723

Phone: 609-748-5250 • Fax: 609-748-6870

Questions? Call the Foundation Office at 609-748-5250.