

SPONSOR REGISTRATION



February 4, 2019
Monterey Peninsula
Country Club

Sponsor information:

Please check one. *See reverse side to list player information.

- | | |
|--|--|
| <input type="checkbox"/> \$60,000 Double Eagle Sponsor
(9 player spots)
(Tax Deductible Amount: \$55,920) | <input type="checkbox"/> \$15,000 Birdie Sponsor
(6 player spots)
(Tax Deductible Amount: \$12,255) |
| <input type="checkbox"/> \$30,000 Eagle Sponsor
(6 player spots)
(Tax Deductible Amount: \$27,255) | <input type="checkbox"/> \$8,500 Par Sponsor
(3 player spots)
(Tax Deductible Amount: \$7,090) |

Payment information:

- Check Enclosed*** **Visa** **Mastercard** **American Express**

*Please make checks payable to Boys & Girls Clubs of Monterey County

Card Number _____

Exp. Date _____ **cvv** _____

Contact information:

Name: _____
(Please Print Clearly)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone #: _____ **Email:** _____

Publicized Information:

Please list Sponsor Name as it should appear on publication and tee signs.

Publicized Sponsor Name: _____
(Please Print Clearly)

Send Completed Forms to:
Boys & Girls Clubs of Monterey County
P.O. Box 97, Seaside, CA 93955
Phone: (831) 394 - 5171
development@bgcmc.org
Tax ID# 94 - 1702753

THANK YOU FOR YOUR SUPPORT!
www.bgcmc.org/GFK19



PLAYER INFORMATION

1. Player Name: _____ **Handicap/Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

2. Player Name: _____ **Handicap/Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

3. Player Name: _____ **Handicap/Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

4. Player Name: _____ **Handicap/Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

5. Player Name: _____ **Handicap/Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

6. Player Name: _____ **Handicap/Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

7. Player Name: _____ **Handicap/Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

8. Player Name: _____ **Handicap/Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

9. Player Name: _____ **Handicap/Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____