



REGISTRATION FORM
 Tuesday, May 16, 2017
 Hermitage Golf Course
 3939 Old Hickory Blvd.
 Old Hickory, TN 37139

Section 1: Registration / Sponsor Contact Information

Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Postal Code: _____
 Phone: _____ Email: _____

Section 2: Sponsorship Opportunities

<input type="checkbox"/> Title Sponsor \$40,000	<input type="checkbox"/> Ace Sponsor \$20,000	<input type="checkbox"/> Double Eagle Sponsor \$10,000
<input type="checkbox"/> Eagle Sponsor \$5,000	<input type="checkbox"/> Putting Contest & Driving Range \$1,500	<input type="checkbox"/> Full page ad \$200*
<input type="checkbox"/> Lunch Sponsor (1) \$3,000	<input type="checkbox"/> Golf Team \$800	<input type="checkbox"/> ½ page ad \$100*
<input type="checkbox"/> Birdie Sponsor \$2,500	<input type="checkbox"/> Friends of Jason Level I \$1,000*	<input type="checkbox"/> Business card ad \$50*
<input type="checkbox"/> VIP Brunch Sponsor (1) \$6,000	<input type="checkbox"/> Friends of Jason Level II \$500*	<input type="checkbox"/> Mulligan \$20 Quantity _____ (Limit 4 per team/1 per person)
<input type="checkbox"/> In Memory of Loved One Lost to Suicide \$25* Name of Loved One: _____ (Please send picture via email to golf@phillipfulmergolfclassic.com)		<input type="checkbox"/> Picnic Dinner Sponsor (1) \$6,000
<input type="checkbox"/> Award Sponsor (1) \$3,500		<input type="checkbox"/> Registration Sponsor (1) \$4,000
		<input type="checkbox"/> Other (Donation) \$ _____

(*Note: Friends of Jason and Advertising Sponsorships do not include teams)

Section 3: Golfer Registration (Note: Eagle Sponsors and up receive 2 teams) (Title Sponsors receive 4 teams)

Team Name: _____	Team Name: _____
Golfer 1: _____	Golfer 1: _____
Golfer 2: _____	Golfer 2: _____
Golfer 3: _____	Golfer 3: _____
Golfer 4: _____	Golfer 4: _____

Section 4: Payment Details

CREDIT CARD:
 Card Holder's Name: (Please Print) _____
 Amount to be charged to the following card: \$.
 Credit Card Type: Visa Discover American Express Master Card
 Card #:
 Exp. Date V-Code (3 to 4 digits on the back of the card)
 Authorization Signature: _____ Date: _____

- Check Enclosed
 INVOICE: Please send an invoice to my given address:

Please send completed form to:

The Jason Foundation, Inc.
 Attn: PFCD Golf Classic
 18 Volunteer Drive
 Hendersonville, TN 37075
 Fax: (615)264-0188, or Email: golf@phillipfulmergolfclassic.com