

# REGISTRATION FORM

34TH ANNUAL

## MONTGOMERY COLLEGE FOUNDATION GOLF AND TENNIS CLASSIC

OCTOBER 21, 2019

PRESENTED BY



**YES!** Register me for the 34th Annual Montgomery College Foundation Golf and Tennis Classic presented by Lexus of Rockville on October 21, 2019.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Organization/Company Name \_\_\_\_\_

**I will sponsor this year's event.**

**Golf Sponsorships**

- \$15,000—Nike Mobile Pro Shop Sponsor
- \$15,000—Car Wash Sponsor
- \$10,000—Awards Reception Sponsor
- \$7,000—Platinum Level Sponsor
- \$6,000—Bloody Mary Bar Sponsor
- \$5,000—Gold Level Sponsor
- \$4,000—Water Bottle Sponsor
- \$2,750—Silver Level Sponsor

**Guest Sponsorships**

- \$4,000—Grill Station Sponsor

- \$4,000—Breakfast Sponsor
- \$3,000—Beverage and Snack Station Sponsor
- \$2,000—Driving Range Sponsor
- \$2,000—Putting Green Sponsor
- \$1,500—Contest Hole Sponsor
- \$1,000—Basic Hole Sponsor

**Tennis Sponsorships**

- \$2,000—Tennis Presenting Sponsor
- \$1,000—Tennis Court Sponsor
- \$1,000—Tennis Ball Sponsor

**I am unable to sponsor this year, but I will play in the tennis tournament.**

- \$150—Individual Tennis
  - \$100—Awards Reception Guest Ticket
- \_\_\_\_\_ Number of Guest Tickets

**I am unable to participate this year, but enclosed is my donation of \$ \_\_\_\_\_ to support student scholarships and programs at Montgomery College.**

*All donations are tax deductible to the fullest extent of the law.*

(continued on other side)

**My check is enclosed.** *Make payable to the Montgomery College Foundation.*

**Charge my credit card:**     VISA     Mastercard

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date (MM/YY) \_\_\_\_\_

Signature \_\_\_\_\_

**Who will be playing in this year's tournament?**

*Please note that only soft spikes are permitted at Lakewood County Club.*

**Name of Player 1** \_\_\_\_\_  **Golf**    **Tennis**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Organization/Company Name \_\_\_\_\_

Handicap/Rating \_\_\_\_\_ Preferred Shirt Size \_\_\_\_\_

**Name of Player 2** \_\_\_\_\_  **Golf**    **Tennis**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Organization/Company Name \_\_\_\_\_

Handicap/Rating \_\_\_\_\_ Preferred Shirt Size \_\_\_\_\_

**Name of Player 3** \_\_\_\_\_  **Golf**    **Tennis**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Organization/Company Name \_\_\_\_\_

Handicap/Rating \_\_\_\_\_ Preferred Shirt Size \_\_\_\_\_

**Name of Player 4** \_\_\_\_\_  **Golf**    **Tennis**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Organization/Company Name \_\_\_\_\_

Handicap/Rating \_\_\_\_\_ Preferred Shirt Size \_\_\_\_\_

**Send this form with your payment to:**

**ATTN: 34th Annual Golf and Tennis Classic, Montgomery College Foundation, 9221 Corporate Boulevard,  
Rockville, MD 20850**