



UM SHORE REGIONAL HEALTH  
**2018 SPORTING CLAYS CLASSIC**  
SATURDAY—JUNE 9, 2018

75 TARGETS • LUNCH • PRIZES

The Point at Pintail • 511 Pintail Point Farm Lane • Queenstown, MD

## SPONSORSHIP OPPORTUNITIES

### **\$10,000—TOURNAMENT SPONSOR**

- 2 Team Entries
- 2 Four-seat Golf Carts
- Opportunity to display company banner and approved promotional materials on day of the event
- Company Logo and link displayed on website
- Media & Tournament Recognition
- 3—17" x 22" Framed Course Signs

### **\$5,000—SURE SHOT SPONSOR**

- 1 Team Entry
- 1 Four-seat Golf Cart
- Company Logo and link displayed on website
- Media & Tournament Recognition
- 2—11" x 17" Framed Course Signs

### **\$2,500—HIGH FLYER SPONSOR**

- 2 Individual Shooter Entries
- Company Logo and link displayed on website
- Media & Tournament Recognition
- 2—11" x 17" Framed Course Signs

### **\$1,000—PRO SPONSOR**

- 1 Individual Shooter Entry
- Company name and link displayed on website
- Media & Tournament Recognition
- 1—11" x 17" Framed Course Sign

### **\$500—COURSE SPONSOR**

- Company name and link displayed on website
- Media & Tournament Recognition
- 1—11" x 17" Framed Course Sign

### **\$150—STATION SPONSOR**

- Tribute / In Memory or In Honor
- Media & Tournament Recognition
- 1—12" x 9" Station Sign

### **FOR ADDITIONAL INFORMATION:**

**Call: 410-822-1000, ext. 5763**

**Email: [ummhfoundation@umm.edu](mailto:ummhfoundation@umm.edu)**

**Web: [ummhfoundation.org/upcoming-events/](http://ummhfoundation.org/upcoming-events/)**

**Proceeds benefit the Clark Comprehensive Breast Center's Wellness for Women program**

The UM Memorial Hospital Foundation is a 501(c)(3) nonprofit organization, serving as the fund-raising entity for the UM Shore Regional Health Comprehensive Breast Center—donations to which are tax deductible to the fullest extent allowed by law. A copy of our current financial statement is available upon request by contacting the office of the Chief Financial Officer at 219 S. Washington Street, Easton MD 21601 or by calling 410-822-1000, ext. 5504. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State for the cost of copying and postage.





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**REGISTRATION FORM**

Name / Company \_\_\_\_\_  
*(as you would like to be listed for recognition purposes)*

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_  Male  Female

E-mail: \_\_\_\_\_

**SPONSORSHIPS:**

- |   |          |  |  |
|---|----------|--|--|
| <input type="checkbox"/> Tournament Sponsor | \$10,000 | <input type="checkbox"/> Pro Sponsor     | \$1,000  |
| <input type="checkbox"/> Sure Shot Sponsor  | \$5,000  | <input type="checkbox"/> Course Sponsor  | \$500  |
| <input type="checkbox"/> High Flyer Sponsor | \$2,500  | <input type="checkbox"/> Station Sponsor | \$150 <input type="checkbox"/> Honor <input type="checkbox"/> Memory |

Tribute: \_\_\_\_\_

**PARTICIPATION:**

*\* includes lunch*

- |  |                              |
|--|------------------------------|
| <input type="checkbox"/> Shooter* <i>(shells not included)</i>         | \$125 / \$135 after May 10th |
| <input type="checkbox"/> Jr. Shooter* <i>(shells not included)</i>     | \$80                         |
| <input type="checkbox"/> Team—4 Shooters* <i>(shells not included)</i> | \$500                        |

**SCHEDULE:**  
**8 AM—Registration Opens**  
**9 AM—Safety Meeting**  
**9:15 AM—Course Opens**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**ADDITIONAL COSTS:**

- |   |              |
|---|--------------|
| <input type="checkbox"/> Golf Cart Rental — 4 seat cart | \$80         |
| <i>(cart reservations must be received by May 10th)</i> |              |
| <input type="checkbox"/> Non-Shooter Lunch              | \$15 x _____ |

**PAYMENT:**

Total Enclosed: \$ \_\_\_\_\_ *(Please make checks payable to UM Memorial Hospital Foundation / Clays)*

Check      Credit Card:  Visa    MasterCard    American Express    Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

Please mail this form along with your payment to:

UM Memorial Hospital Foundation / Clay Shoot • PO Box 1846 • Easton, MD 21601

For additional information—call 410-822-1000, ext. 5763 or email [ummhfoundation@umm.edu](mailto:ummhfoundation@umm.edu)

UM MEMORIAL HOSPITAL FOUNDATION IS A 501(c)(3) NON-PROFIT ORGANIZATION.



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