

Sponsorship Packages



- 2 foursomes
- Sponsor banner
- Full-page program ad
- Special recognition
- Signage on putting green



- 1 foursome
- Sponsor banner
- 1/2-page program ad
- Special recognition



- 1 foursome
- Sponsor banner
- Business card program ad
- Special recognition



- Signage at event
- Special recognition at cocktail dinner



SSM St. Clare

Health Center Foundation

2012 Bob & Lou Reim Classic

Golf • Dinner • Gifts • Margaritas

June 12, 2012

Tapawingo National Golf Club

10:30 a.m. Registration and Lunch

Noon Shotgun Start

5 p.m. Dinner, Cocktails and Awards



Proceeds will benefit
the SSM St. Clare Health Center Foundation.

**Reserve your golf tournament package
for this four-person scramble now.**

Foursome	\$1,500	Hole Sponsor	\$250
		• Hole signage	
Beverage Sponsor	\$750		
• Staff & decorate tent/cart			
Individual Player	\$400	Dinner/ Cocktails Only	\$50

2012 Platinum Sponsor



**Alberici Healthcare
Constructors**

AN ALBERICI ENTERPRISE

Through our exceptional health care services, we reveal the healing presence of God.

Registration Form



St. Clare Foundation

Benefiting the mission of SSM St. Clare Health Center

Players

<input type="checkbox"/> Ace	\$10,000	_____
<input type="checkbox"/> Eagle	\$5,000	_____
<input type="checkbox"/> Birdie	\$2,500	_____
<input type="checkbox"/> 19th Hole	\$1,000	_____
<input type="checkbox"/> Foursome	\$1,500	_____
<input type="checkbox"/> Beverage Sponsor	\$750	_____
<input type="checkbox"/> Individual Player	\$400	_____
<input type="checkbox"/> Hole Sponsor	\$250	_____
<input type="checkbox"/> Dinner	\$50	_____

No cancellations or refunds.

Please indicate how your name or company name should appear on signs and in publications:

Name _____

Company _____

Address _____

Phone _____

Email _____

I regret I cannot attend, but would like to make a tax-deductible contribution to St. Clare Foundation in the amount of \$ _____.

Please accept my donation of:

Raffle item _____

Value _____

Description _____

Please make checks payable to St. Clare Foundation. Contributions are tax-deductible as allowed by law.

MC Visa Discover Amex

Signature _____

Please print name _____

Card # _____ Exp. date _____

Please return registration by May 21, 2012

Please submit program ads in a .jpg or .pdf format by May 18

 **SSM St. Clare Health Center Foundation**

Attn: Marilyn Jensen
1015 Bowles Avenue
Fenton, MO 63026
Phone: 636-496-2509 Fax: 636-496-4901
E-mail: Marilyn_Jensen@ssmhc.com

First player

Name _____

Company _____

Address _____

City/Zip _____

Phone (____) _____

Email _____

Second player

Name _____

Company _____

Address _____

City/Zip _____

Phone (____) _____

Email _____

Third player

Name _____

Company _____

Address _____

City/Zip _____

Phone (____) _____

Email _____

Fourth player

Name _____

Company _____

Address _____

City/Zip _____

Phone (____) _____

Email _____