## Registration Form (Please Print) LONG ISLAND CARES Golf Classic 2017

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Address:		A STATE OF THE PARTY OF THE PAR	
Phone:	EN EN	Fax:	A A
E-mail:			
Signature: _			
	oursome players:		
Please includ	e Handicap and Email addr	esses	
Tee or Spor	nsor Sign should read:		

## Registration Form (Please Print)

LONG ISLAND CARES
Golf Classic 2017

Mail the completed form with payment or register online at www.licares.org/annual-golf-outing

GOLF PARTICIPATION (Indicate package amount)	20.20.20
Tournament Sponsor @ \$6,000	
Eagle Golf Package @ \$3,500	
Par Golf Package @ \$3,000	
Individual Golfer @ \$800	3 7
Cocktail/Buffet Only @ \$200	
SPONSORSHIPS	
Buffet** (2) @ \$3,500 each	
Reception** (2) @ \$2,500 each	
Breakfast** (2) @ \$2,500 each	
Printing @ \$2,000 each	
Photography @ \$2,000 each	S
Gifts @ \$2,000 each	S
Carts/Caddies @ \$1,500 each	S
Refreshments @ \$1,000 each	S
Award Sponsor @ \$750 each	S
Raffle Sponsor @ \$500 each	S
Tee/Green Sign @ \$250 each	S
TOTAL	S
I cannot attend but I would like to contribute: \$	8
Payment by Credit Card: American Express MasterCard	d Usa Discover
Card #	Exp. date
For tax numoses, anything above the value of \$375 per golfer or \$50 per dings	er auest

Make checks payable to: Long Island Cares, Inc.

Mail to: Long Island Cares, Inc., Attn: Development Office 10 Davids Drive, Hauppauge, New York 11788

is tax deductible to the extent allowed by law. Sponsorships are fully tax deductible.

\*\* Premium package includes appropriate signage and listing in Program.

