

June 2, 2018

SPONSORSHIP and / or REGISTRATION

MEMORY LINKS

ALZHEIMER'S BENEFIT GOLF TOURNAMENT

TYPE OF SPONSORSHIP (CHECK ONE)

TITLE \$3,000*
 GOLD \$1000**
 SILVER \$500***
 HOLE \$250****

* Includes 2 teams ** Includes 1 team *** Includes 2 Players **** Includes 1 player

PAYMENT BY

CHECK CREDIT CARD



CONTACT NAME _____

CONTACT PHONE _____ EMAIL _____

Call Cliff Mrkvicka with credit card information at 843.271.3731 if paying by credit card.

TEAM REGISTRATION \$90.00 per player

TEAM CAPTAIN #1 NAME _____

TEAM MEMBER #2 NAME _____

TEAM MEMBER #3 NAME _____

TEAM MEMBER #4 NAME _____

**Email to cliff.d.mrkvicka@lmco.com or mail to:
Cliff Mrkvicka, Post Office Box 522, Beaufort, SC 29901**