

# Civista Health Foundation Golf Classic

## Registration Form

### Cost per golfer – Check one:

- ☐ \$100 (18 holes, cart, breakfast, lunch, '19<sup>th</sup> hole' awards reception)
- ☐ \$125 (VIP experience: all benefits above plus commemorative item and opportunity to play with a Blue Crabs player or coach in your foursome!)\*

### Tournament Sponsorship Levels

(all sponsorships include a complimentary foursome)

- |   |                                    |
|---|------------------------------------|
| <input type="radio"/> Presenting Sponsor                      | \$2,500 (exclusive)                |
| <input type="radio"/> Golfer Gift Sponsor                     | \$2,500 (exclusive)                |
| <input type="radio"/> Tournament Prize Sponsor                | \$1,500 (exclusive)                |
| <input type="radio"/> Course Contest Sponsor (Longest Drive)  | \$1,000 (exclusive)                |
| <input type="radio"/> Course Contest Sponsor (Closest to Pin) | \$1,000 (exclusive)                |
| <input type="radio"/> Beverage Cart Sponsor                   | \$1,000 (2 available at this rate) |
| <input type="radio"/> Tee Sign Sponsor                        | \$ 500 (first come first serve)    |
| <input type="radio"/> Tee Sign Only (no foursome)             | \$ 100 (first come first serve)    |

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Foursome Member 1) _____	(Handicap) _____
Foursome Member 2) _____	(Handicap) _____
Foursome Member 3) _____	(Handicap) _____
Foursome Member 4) _____	(Handicap) _____

Special Dietary Needs: \_\_\_\_\_

Please make checks payable to Civista Health Foundation

Credit Card information (circle one)    MasterCard    Visa    AMEX    Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

SEC Code: \_\_\_\_\_ Signature (parent must sign for minor): \_\_\_\_\_

I know that golf can be a potentially hazardous activity. I should not enter and play unless I am medically able and properly trained. I assume the risk of any and all other risks associated with playing this event including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and the condition of the course, all such risks being known and appreciated by me.

Knowing these facts, and in consideration of my entry acceptance, I hereby for myself, my heirs, executors,, administrators, or anyone else who might claim on my behalf covenant not to sue, and waive, release and discharge Civista Health, Inc., including Swan Point, The Southern Maryland Blue Crabs, Volunteers, any and all sponsors including their agents, employees, assigns, or anyone acting for or on their behalf, from any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my participation of this event.

The Release and Waiver extends all claims of every kind of nature whatsoever, foreseen and unforeseen, known or unknown. The undersigned further grants full permission to Civista Health Foundation and or authorize agents to use any photographs, videotapes, motion pictures, recordings, or any other records of this event for any purpose.