

**CLARIAN HEALTH PARTNERS PRESENTS
HAPPY HOLLOW HOO GOLF OWLING
ENTRY/SPONSORSHIP FORM
MAY 20th, 2008 Winding Ridge Golf Course**

Name _____
 Company name _____
 Street address _____
 City/State/Zip _____
 Daytime phone # _____ e-mail _____
 Fax _____

Golfing Donation Level

- | | | | |
|-----------------------------------|---------|-------------------------------------|-------|
| <input type="checkbox"/> Platinum | \$2,500 | <input type="checkbox"/> Foursome | \$400 |
| <input type="checkbox"/> Gold | \$1,500 | <input type="checkbox"/> Individual | \$100 |
| <input type="checkbox"/> Silver | \$750 | | |

Non-Playing Donation Level

- | | | | |
|--|---------|--|-------|
| <input type="checkbox"/> Lunch Sponsor | \$1,250 | <input type="checkbox"/> Birdie Club | \$200 |
| <input type="checkbox"/> Hole Sponsor (18) | \$150 | <input type="checkbox"/> Participant Gift/
Door Prize | (\$25 |
| <input type="checkbox"/> Putting Contest | \$500 | Value) | _____ |
| <input type="checkbox"/> Drink Carts (2) | \$300 | | |

Golf Registration

1. _____ 2. _____
 (Team Captain)
 3. _____ 4. _____

Please include me in a foursome.

Days Agenda:

- 8:00 a.m. Player Registration/Putting Contest
- 8:30 a.m. Shotgun Start
- 1:00 p.m. Lunch/Awards



Payment – by May 13, 2008

Check enclosed VISA MasterCard

Card No. _____ Exp. Date _____
 Signature _____ Security Code _____

**Please make check payable to Happy Hollow and mail with this entry form to:
 Happy Hollow Children's Camp 615 N. Alabama Street, #228, Indianapolis, IN
 46204 Phone (317) 638-3849 Fax (317) 686-0195**