

9th ANNUAL



ATLANTIC DENTAL CARE
CHARITY GOLF CLASSIC

2024 SPONSORSHIP AND ENTRY FORM

PLEASE CHECK SPONSORSHIP:

- Apparel Sponsor \$12,500.00
- Goodie Bag Sponsor \$12,500.00
- Flag Pole Signage Sponsor \$5,000.00
- Golf Cart Sponsor \$5,000.00
- Towel Sponsor \$4,000.00
- Dinner Sponsor \$3,000.00
- Lunch Sponsor \$2,000.00
- Refreshment Stand Sponsor \$1,500.00
- Driving Range Sponsor \$1,200.00
- Beverage Cart Sponsor \$1,000.00

- Team Sponsor \$ 800.00
(fill out and return the second page of this form)

- Hole Sponsor \$ 250.00

- Individual Player \$ 200.00
(fill out and return the second page of this form)

- Monetary Contribution \$ _____

Entry fees and forms must be received by July 19, 2024:

1. Email entry form to: Ellie Harn
ellieharn@outlook.com
2. Mail checks and participant form to:
Atlantic Dental Care
10245 Idle Pine Lane
Estero, Florida 34135
3. Make checks payable to:
Atlantic Dental Care, PLC

Please email high quality logos by July 19, 2024 to ensure we have enough time to get them on the promotional items and signage.



2024 Entry Form

1. Email entry form to: Ellie Harn ellieharn@outlook.com
2. Mail checks and participant form to: ADC, 10245 Idle Pine Lane
Esteros, Florida 34135
3. Make checks payable to: Atlantic Dental Care, PLC

Sponsor Name _____

Best contact: email | mobile phone | work phone | home phone (for rain date)

Email address _____ Phone _____

TEAM #1: Name of Team: _____

Player 1 Name _____ Shirt Size XXL XL L M S (Male / Female)

Player 2 Name _____ Shirt Size XXL XL L M S (Male / Female)

Player 3 Name _____ Shirt Size XXL XL L M S (Male / Female)

Player 4 Name _____ Shirt Size XXL XL L M S (Male / Female)

TEAM #2: Name of Team: _____

Player 1 Name _____ Shirt Size XXL XL L M S (Male / Female)

Player 2 Name _____ Shirt Size XXL XL L M S (Male / Female)

Player 3 Name _____ Shirt Size XXL XL L M S (Male / Female)

Player 4 Name _____ Shirt Size XXL XL L M S (Male / Female)