



LOUGHLIN CHARITY GOLF OPEN 2011 REGISTRATION FORM

MONDAY SEPTEMBER 12, 2011

REGISTER ONLINE AT WWW.LOUGHLINOPEN.ORG

COMPLETE THIS FORM AND MAIL TO:
HUNTINGTON HOSPITAL, OFFICE OF DEVELOPMENT
& COMMUNITY RELATIONS, 270 PARK AVENUE,
HUNTINGTON, NY 11743

NAME _____

EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ EMAIL _____

PLEASE LIST YOUR FOURSOME
(REGISTRATION AS A TWOSOME OR FOURSOME IS NOT REQUIRED)

NAME: _____

1. _____

2. _____

3. _____

4. _____

DINNER GUEST(S) _____

FOR MORE INFO VISIT: WWW.LOUGHLINOPEN.ORG

TEL: 917-833-4413 YVETTE@LOUGHLINOPEN.ORG



2011 LCGO SPONSORSHIP LEVELS & TICKETS

SPONSORSHIP DETAILS ARE AVAILABLE AT LOUGHLINOPEN.ORG

TITLE SPONSOR	\$15,000
PLATINUM SPONSOR	\$10,000
GOLD SPONSOR	\$5,000
SILVER SPONSOR	\$2,500
HOLE-IN-ONE SPONSOR	\$2,000
GOLF CART SPONSOR	\$2,000
BEVERAGE CART SPONSOR	\$1,000
DRIVING RANGE SPONSOR	\$1,000
HOLE SPONSOR	\$500
INDIVIDUAL PLAYER	\$350
DINNER ONLY (price per person)	\$100

**I CANNOT ATTEND BUT I WOULD LIKE
TO MAKE A DONATION OF** \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

MY EMPLOYER MATCHES CHARITABLE GIFTS.
ENCLOSED IS MY FORM

ENCLOSED IS MY CHECK - MADE PAYABLE TO:
HUNTINGTON HOSPITAL

PLEASE CHARGE MY CREDIT CARD (CIRCLE CARD):

VISA MASTERCARD AMEX

CARD NUMBER _____

EXPIRATION ____ / ____ / ____

SECURITY ID# _____ (3 digit number on back of card)
(4 digit number on front of card for Amex)

SIGNATURE _____

HUNTINGTON HOSPITAL IS A 501(C) 3 NOT-FOR-PROFIT ORGANIZATION
ALL GIFTS ARE TAX-DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW.