

SOUTH CAROLINA EMERGENCY CARE SYMPOSIUM ANNUAL GOLF TOURNAMENT



Friday, April 15, 2011
Eagle's Nest Golf Course
(843) 249-1449

10:00 a.m. Registration/Check-in
11:46 p.m. Tee Time - Captain's Choice

Registration Form

Team Name or Organization: _____
Address: _____
Phone number: _____

Player 1 _____
Player 2 _____
Player 3 _____
Player 4 _____

Individual registrants will be placed together to make foursomes.

Registration Cost:

SC EMS Association members: \$65.00 per player or \$240.00 for a team of four (4).
of players _____ x \$65.00 = _____ or Team of four \$240.00 _____
Total amount enclosed: _____

Non-members: \$75.00 per player or \$280.00 for a team of four (4).
of players _____ x \$75.00 = _____ or Team of four \$280.00 _____
Total amount enclosed: _____

These amounts include cart and green fees and a boxed lunch.

Mulligan's: 1 for \$10.00 or 2 for \$15.00 per player available the day of the tournament.

Sponsorship Levels

If you wish to become a sponsor please indicate sponsorship level below. All sponsors will be recognized at the Symposium Awards Banquet.

_____ *Platinum Sponsor \$6,000.00 _____ Hole Sponsor \$150.00
_____ *Gold Sponsor \$3,000.00 _____ Bev. Cart Sponsor \$350.00
_____ *Silver Sponsor \$1,500.00
_____ *Bronze Sponsor \$750.00

*Indicates which sponsorships include a team of 4 and a membership into the SC EMS Association.

Total amount enclosed for sponsorship: _____

Golf Tournament registration form and fees may be mailed together with Symposium registration form and fees or mailed separately to the SC EMS Association at P.O. Box 378, Lexington SC 29071. For questions or registration forms call 803-309-2400.