



Goal \$ 150 000

**Golf RCGT tournament**

6<sup>th</sup> JULY 2018

Club de golf de Carleton-sur-mer  
Contest, auction and house prizes

**REGISTRATION FORM**

**CONTACT INFORMATION**

Name of company or organization : .....

Name and function : .....

Address : .....

.....

Phone : ..... Email (required) : .....

**PARTNER PARTNERSHIP**

See the partnership plan to know the visibility offered in relation to your investment

I would like to be part of the event OR partners for \$ 5,000

Name : ..... Phone : .....

Name : ..... Phone : .....

Name : ..... Phone : .....

Name : ..... Phone : .....

I would like to be part of the SILVER partners of the event for \$ 2,000

I would like to be the sole sponsor on a hole for \$ 1,500 (2 to 18)

I agree to share a hole with two other sponsors for \$ 500 (2 to 18)

Subtotal A : \$ .....

**GOLFER PARTICIPATION(S)**

**Golfer's Package for \$ 125** (Including departure, a cart, the cocktail and dinner.)

(Tax receipt amount: \$ 55)

Team 1 Name : ..... Phone : ..... \$ .....

Name : ..... Phone : .....

Name : ..... Phone : .....

Name : ..... Phone : .....

Team 2 Name : ..... Phone : ..... \$ .....

Name : ..... Phone : .....

Name : ..... Phone : .....

Name : ..... Phone : .....

Subtotal B : \$ .....

**SELECT THE DESIRED START TIME (REQUIRED) :**

A.M. (8 h)     P.M. (1 h)     No preference

ADDITIONAL SUPPLEMENTS		
<input type="checkbox"/> <b>Participation in dinner only</b> at a cost of <b>\$ 75</b> per person (Tax receipt amount: \$ 35)		
Name : .....	Phone : .....	\$ .....
Name : .....	Phone : .....	\$ .....
Name : .....	Phone : .....	\$ .....
Name : .....	Phone : .....	\$ .....
		<b>Subtotal C : \$ .....</b>

DONATION (Amount of tax receipt: 100% of the value of the donation)
<input type="checkbox"/> <b>Monetary donation</b>
We will mention the names of donors (\$ 300 or more) during the presentations at the Club House and the Centre des congrès.
<b>Subtotal C : \$ .....</b>

**Total to be paid (A-B-C-D) : \$ .....**

**GIFT OF ATTENDANCE AND / OR AUCTION PRIZES**

**Description of the prize:**

.....	Market value : \$ .....
.....	Market value : \$ .....
.....	Market value : \$ .....
.....	Market value : \$ .....
.....	Market value : \$ .....

**Total value of the prizes : \$ .....**

Send your registration along with your payment to the  
**Fondation Santé Baie-des-Chaleurs**  
419, boulevard Perron, Maria (Québec) G0C 1Y0

**Payments accepted by check or online on the Foundation website:**

[www.fondationsantebdc.com](http://www.fondationsantebdc.com)

For information :

418 759-3443, ext. 2305 – Fax : 418 759-5063

Email : [info@fondationsantebdc.com](mailto:info@fondationsantebdc.com)



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## PARTNERSHIP PLAN

Description	Partner	Practice green or Practice area or Hole # 19 (Club House)	Sponsor on a hole	Sharing a hole with two other sponsors
<b>Cost</b>	<b>\$ 5 000</b>	<b>\$ 2 000</b>	<b>\$ 1 500</b>	<b>\$ 500</b>
Table for dinner	X			
4 participations free of charge as golfers	X			
Mention during dinner by the President	X			
Mention and logo at the Club House and at the entrance of the Centre des congrès	X			
Logo on the program of the day	X			
Mention in the annual report of the Foundation	X	X		
Your banners or two posters (36"x24 ") identified in your name at the Club House or at the practice area or at the practice green		X		
2 posters (24"x16 ") identified in your name, one at the start and one on the green			X	
2 posters (18"x12 ") identified in your name, one at the start and one on the green				X
Mention in the pamphlet of the program of the day *	X	X	X	X
Mention in the visual presentations projected at Club House and at the Centre des congrès *	X	X	X	X

\* Space proportional to the amount of your sponsorship.