

Registration & Hole Sponsorship Form

GOLFERS

Individual: _____

Address: _____

Email: _____ Phone: _____ Fee \$125

Individual: _____

Address: _____

Email: _____ Phone: _____ Fee \$125

Individual: _____

Address: _____

Email: _____ Phone: _____ Fee \$125

Individual: _____

Address: _____

Email: _____ Phone: _____ Fee \$125

(*For a four-person team, total is \$500)

_____ Hole sponsorship - \$500

Total Included: \$ _____

Make check or money order payable to:

The Refuge Medical Clinic

60% of golf/dinner total is tax deductible.

100% of sponsorship fee is tax deductible.

Submit entry forms and check/money order to

The Refuge Medical Clinic, 525 Corral Street, Lexington, KY 40508

Questions: Rachel Smith, 859-619-5033

Email Rachel at:

<mailto:rsmith@refugeministriesky.org>

Hole Sponsorship Form

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Name or Company to appear on sign

Hole Sponsor - \$500

Hole sponsorship sign, Companies or Individuals welcome. Includes opportunity to supply a product in participant gift bags.