



29th Annual Flower Valley Golf Classic  
 Friday, May 15, 2020  
 MISSION CLUB , Lompoc, California

LOMPOC HOSPITAL DISTRICT FOUNDATION



Golf Entry Form  
 • Registration \$150 (U.S. Funds)

**Please fill in all the blanks or enter "N/A"**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a member of the MISSION CLUB ?  Yes  No Membership No \_\_\_\_\_

Do you have your own cart?  Yes  No Current Index \_\_\_\_\_  Do Not Have a Handicap SCGA No. \_\_\_\_\_

Email: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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Email: \_\_\_\_\_

I am unable to attend. Enclosed is my tax-deductible donation of \$ \_\_\_\_\_

Enclosed is a check for \_\_\_\_\_ (# of players) x \$150. each = \$ \_\_\_\_\_

\_\_\_\_\_ (# of extra buffet dinners) x \$30 each = \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**Make checks payable to Lompoc Hospital Foundation. Mail checks and entry form to:  
 Lompoc Hospital Foundation, P. O. Box 883, Lompoc, CA 93438-0883**

Buffet dinner includes: entree, side dishes, bread, dessert & coffee/tea.  
 Extra buffet dinner tickets available at \$30 each

**SPONSORSHIP OPPORTUNITIES**

Tournament sponsorships may be contributed by an individual, business or organization. Each donation will be recognized in publicity materials and in the awards program in addition to what is noted below. Sponsored golfers will receive green fees, carts, lunch and dinner.

**MAJOR EVENT SPONSOR:**

**\$10,000**

Includes twelve golfers.

**HAPPY HOUR SPONSOR:**

**\$6,000**

Includes eight golfers plus a bar ticket for each golfer with sponsor name imprinted on the ticket.

**PHOTOGRAPHY SPONSOR:**

**\$6,000**

Includes eight golfers plus a picture of team for each golfer

**GOLF CART SPONSOR:**

**\$6,000**

Includes eight golfers.

**AUCTION SPONSOR:**

**\$6,000**

Includes eight golfers.

**BANQUET SPONSOR:**

**\$6,000**

Includes eight golfers.

**LUNCH SPONSOR:**

**\$6,000**

Includes eight golfers

**FLAG STICK SPONSOR:**

**\$6,000**

Includes eight golfers.

**PUTTING SPONSOR:**

**\$6,000**

Includes eight golfers

**MAJOR BENEFACTOR:**

**\$2,500**

Includes six golfers.

**STRAIGHTEST DRIVE- HOLE #14**

**\$1,500**

Includes four golfers.

**LONGEST DRIVE- HOLE #4**

**\$1,500**

Includes four golfers.

**OASIS SPONSOR:**

**\$1,500**

Includes four golfers. Display at one hole.

**CLOSEST TO PIN @ HOLE 3, 7, 13, 17.**

**\$1,500**

Includes four golfers. (Circle your choice of hole)

**BENEFACTOR:**

**\$1,000**

Includes two golfers.

**SPONSOR:**

**\$500**

Includes one golfer.

**TEE SPONSORS:**

**\$200**

Tee signs will be placed on tees and greens throughout the course.

**MEDIA SPONSOR:**

**MERCHANDISE SPONSORS: MISC.**

For contests, auction items, door prizes and tournament prizes. Indicate

Yes, I would like to be a \_\_\_\_\_ Sponsor. Merchandise \_\_\_\_\_

Enclosed is my check for \$\_\_\_\_\_ Lompoc Hospital Foundation - Tax ID# 77-0262454

(So that we may recognize your contribution in our program, please be sure your contribution arrives by **May 1, 2020**)

Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Email : \_\_\_\_\_