



# 19<sup>th</sup> Annual "Golf Gets In Your Blood" Scramble

Monday, October 3, 2011

East Lake Woodlands Country Club

1055 East Lake Woodlands Pkwy, Oldsmar, FL 34677

9:00 a.m. Registration and 11:00 a.m. Tee Time

**Proceeds Benefit Florida Blood Services,  
Your Community Blood Center**

Please choose one of the following support levels.

All sponsors are recognized in the Annual Report and Spring Newsletter

**Registration Deadline to Ensure Print Recognition – September 2, 2011**

- \$10,000 **Community Champion Underwriter** Premium signage recognition in multiple locations, 8 player spots, 2 tee signs, program w/logo, hospitality tent signage, live link on event website, verbal recognition
  - \$ 5,000 **Club House Underwriter** - 6 player spots, 3 tee signs, program w/logo, live link on event website
  - \$ 2,500 **Putting Green Sponsor** - 4 player spots, 2 signs at Putting Green, program w/logo, logo on website
  - \$ 1,750 **Winner's Circle Sponsor** - 4 player spots, 1 tee sign, program recognition
  - \$ 1,200 **Beverage Cart Sponsor** - 2 player spots, signage on one beverage cart, program recognition
  - \$ 600 **Tee Sponsor** - 2 player spots, 1 tee sign, program recognition
  - \$ 225 **Player spot only**
  - Premium Promotional Opportunities** – please contact Marla Grant at 727-568-2231 for availability
  - I'm unable to participate but enclosed is my tax-deductible donation of \$ \_\_\_\_\_
- \$ \_\_\_\_\_ **TOTAL** (please make check payable to Florida Blood Services Foundation)

(Each Player Fee includes course & green fees, continental breakfast, lunch, snacks, beverages, dinner and bar, premium player gifts, and support of your community blood center! FOR IRS PURPOSES, GUESTS MAY DEDUCT GIFTS OVER \$130 PER PERSON)

Individual or Company Name: \_\_\_\_\_

(Please list as you wish noted in program.)

Phone: (Business) \_\_\_\_\_ (Home) \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

PLAYER 1 \_\_\_\_\_ Handcp \_\_\_\_\_ PLAYER 5 \_\_\_\_\_ Handcp \_\_\_\_\_

PLAYER 2 \_\_\_\_\_ Handcp \_\_\_\_\_ PLAYER 6 \_\_\_\_\_ Handcp \_\_\_\_\_

PLAYER 3 \_\_\_\_\_ Handcp \_\_\_\_\_ PLAYER 7 \_\_\_\_\_ Handcp \_\_\_\_\_

PLAYER 4 \_\_\_\_\_ Handcp \_\_\_\_\_ PLAYER 8 \_\_\_\_\_ Handcp \_\_\_\_\_

\* If handicap is unknown, please enter your average 18 hole score.

**Soft spikes only. Traditional attire required.**

**Florida Blood Services Foundation**

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St. Petersburg, FL 33716-3806

Phone (727) 568-2231 Fax (727) 568-2230

E-mail: [mgrant@fbsblood.org](mailto:mgrant@fbsblood.org)

MC  Visa  Amex  Discover

CREDIT CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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