



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

Monday, October 5, 2009

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 11, 2009

- \$15,000 Master Underwriter - 10 player fees, 2 large tee signs w/logo, premier recognition, program w/logo, and special commemorative, link to your business on our event website, banner at event
  - \$10,000 Community Champion Underwriter - 8 player fees, 2 tee signs, commemorative/program w/logo, hospitality tent signage
  - \$ 5,000 Club House Underwriter - 6 player fees, 2 tee signs, commemorative/program w/logo
  - \$ 2,500 Putting Green Sponsor - 4 player fees, 2 tee signs, commemorative/program w/logo
  - \$ 1,750 Winner's Circle Sponsor - 4 player fees, 1 tee sign, program recognition
  - \$ 1,200 Beverage Cart Sponsor (3) - 2 player fees, 1 tee sign, program recognition, sign on 1 carts
  - \$ 500 Tee Sponsor - 1 player fee, 1 tee sign, program recognition
  - \$ 200 Player Fee only
  - Unique Promotional Opportunities – please contact Marla Grant at 727-568-2231 for availability
  - 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 \$125 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 10100 Dr. Martin Luther King Jr. St. N St. Petersburg, FL 33716-3806 Phone (727) 568-2231 Fax (727) 568-2230 E-mail: <a href="mailto:mgrant@fbsblood.org">mgrant@fbsblood.org</a>	<input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Discover CREDIT CARD # _____ EXPIRATION DATE _____ SIGNATURE _____
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