



# Hoag Charity Shoot

## VIP Team Registration Form

- \$ 5,000 VIP Teams
- \$ 400 x \_\_\_\_\_ = \_\_\_\_\_ Individual shooters (General Admission)
- I cannot participate, but here is my donation for Hoag Hospital
- I would like to sponsor a Wounded Warrior at:                       \$50    \$100    \$250    \$400

Team Members	Email Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Event Sponsorship Opportunities    *I would like to be a:*

- Station Sponsor at \$5,000                       Golf Cart Sponsor at \$3,500
- Lunch Sponsor at \$2,500                       Dinner Sponsor at \$2,500
- Wounded Warrior Team Sponsor at \$5,000                       Awards Sponsor at \$3,000
- Beginner Clinic Sponsor at \$1,500                       Beverage Sponsor at \$2,000

**TOTAL COMMITMENT \$**  
= \_\_\_\_\_

**Attached is my check made payable to HOAG HOSPITAL FOUNDATION.**  
*Goods and services are valued at \$200 per person for the Shoot; the balance qualifies as a charitable contribution.*

Please charge my credit card \$ \_\_\_\_\_  MasterCard    VISA    AMEX    Discover

Name on the card: \_\_\_\_\_

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Billing zip code: \_\_\_\_\_