



17th Annual Charity Golf Tournament

April 21, 2017

**Tierra Santa Golf Club
1901 Club De Amistad
Weslaco, Tx. 78596**

Shotgun Start: 1:00 p.m.

**\$1,500
Prize Money**

Contact Information:

Dr. Miguel Castillo – (956) 584-1554

Debra Valenzuela – (956) 793-2696

Dress Code: NO denim jeans allowed.

Participants must wear collared shirts.

Sponsorship Levels

Platinum Crown Sponsor - \$5,000

Annual Corporate Sponsor (Conference & Tournament)

Includes Two 3-Man Team Registrations,
One Booth (Conference), Banner
Recognition (Conference & Golf
Tournament), Logo on Website, Signs &
Printed Material, Newspaper Advertisement
& Media Coverage, Crystal Plaque

Gold Crown Sponsor - \$2,500

Annual Corporate Sponsor (Conference & Tournament)

Includes Two 3-Man Team Registrations,
One Booth (Conference), Banner
Recognition (Conference & Golf
Tournament), Logo on Website &
Printed Material, Recognition Plaque

Silver Crown Sponsor - \$1,000

Includes One 3-Man Team Registration,
Banner Recognition (Conference & Golf
Tournament), Logo on Website,
Recognition Plaque

Bronze Crown Sponsor - \$550

Includes One 3-Man Team Registration,
Verbal Recognition (Conference & Golf
Tournament), Logo on Website

Friends of Dentists Who Care (Hole Sponsors) - \$250

Sponsorship Deadline:

April 14, 2017



17th Annual Charity Golf Tournament

Registration Information:

Please Mail this Form and
Your Tax-Deductible Donation

Made Payable to:

Dentists Who Care, Inc.

3501 Moreland Dr., Ste. G

Weslaco, Tx. 78596

or

Register by Phone: (956) 318-3383

or

Fax the Form: (956) 854-4181

Entry Fee:

\$150 per player

Registration Includes:

- Cart Fees
- Food & Beverages
- Goody Bag

Player/Team Information:

Sponsor Name: _____

Address: _____

City, State, Zip: _____

Phone (Business/Cell): _____

E-Mail: _____

Player #1 & Handicap: _____

Player #2 & Handicap: _____

Player #3 & Handicap: _____

Circle Level of Sponsorship:

Platinum/Gold/Silver/Bronze/Friends

Circle Payment of Choice:

Credit Card / Check / Cash

Credit Card Information:

Card Type: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

Security Number: _____

Zip Code: _____

Total Amount to be Billed:

\$ _____