



Dentists
Who Care

18th Annual

Charity Golf Tournament

April 21, 2018

**Tierra Santa Golf Club
1901 Club De Amistad
Weslaco, TX 78596**



**Shotgun Start:
8:30 AM**

Contact Information:

Dr. Miguel Castillo – (956) 584-1554

Jim Solis – (956) 318-3383

Dress Code:

*NO denim jeans allowed and
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

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

Silver Crown Sponsor - \$1,000

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

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**



18th Annual Charity Golf Tournament April 21, 2018

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) 467- 4776

Entry Fee:
\$150 per player

Registration Includes:

- Green & 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 Code: _____

Zip Code: _____

Total Amount to be Billed:

\$ _____