

*You're invited to the*

**CareFlight**

*Charity  
Golf Day*

PROUDLY SPONSORED BY **M+K LAWYERS**

FRIDAY OCTOBER  
= 23<sup>RD</sup> =

*Event details*

18 HOLES GOLF (4 BALL AMBROSE)

LUNCH ON ARRIVAL

DINNER

AUCTIONS, RAFFLES  
& NOVELTY GAMES

RSVP: FRIDAY 2ND OCTOBER

[events@careflight.org](mailto:events@careflight.org)

(02) 9843 5132

VENUE: LYNWOOD COUNTRY CLUB

253 Pitt Town Rd, Pitt Town

[www.lynwoodcc.com.au](http://www.lynwoodcc.com.au)

*The next life we save could be yours*

# Charity Golf Day

PROUDLY SPONSORED BY M+K LAWYERS

## SPONSORSHIP OPPORTUNITIES

SPONSORSHIP BENEFITS	TEAM \$1,000	SILVER \$1,250	GOLD \$2,000
Round of golf - 18 holes Four players	✓	✓	✓
Use of practice facilities	✓	✓	✓
Use of carts	✓	✓	✓
Lunch on arrival	✓	✓	✓
Three-course dinner	✓	✓	✓
On-course refreshment cart	✓	✓	✓
Logo displayed in rotation at post-game dinner		✓	✓
Acknowledgement by MC at post-game dinner		✓	✓
On-course signage		Tee <u>or</u> green on one hole	Tee <u>and</u> green on one hole
Advertisement in Auction Catalogue		Half-page	Full-page
Acknowledgement on CareFlight's social media channels			✓

## REGISTRATION FORM

### MAIN CONTACT DETAILS

Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

ITEM	PRICE	NO. REQUIRED	TOTAL
Gold Sponsorship Package	\$2,000		\$
Silver Sponsorship Package	\$1,250		\$
Team of four (inc. lunch, golf, dinner, drinks)	\$1,000		\$
Individual (inc. lunch, golf, dinner, drinks)	\$250		\$
Dinner only	\$90		\$
I/we can't make it but would like to make a donation			\$
<b>TOTAL</b>			<b>\$</b>

### GOLFER DETAILS

**GOLFER 1 NAME:** \_\_\_\_\_ Dinner (Y/N) \_\_\_\_\_

Organisation: \_\_\_\_\_ Handicap: \_\_\_\_\_

Email: \_\_\_\_\_ Dietary req.: \_\_\_\_\_

**GOLFER 2 NAME:** \_\_\_\_\_ Dinner (Y/N) \_\_\_\_\_

Organisation: \_\_\_\_\_ Handicap: \_\_\_\_\_

Email: \_\_\_\_\_ Dietary req.: \_\_\_\_\_

**GOLFER 3 NAME:** \_\_\_\_\_ Dinner (Y/N) \_\_\_\_\_

Organisation: \_\_\_\_\_ Handicap: \_\_\_\_\_

Email: \_\_\_\_\_ Dietary req.: \_\_\_\_\_

**GOLFER 4 NAME:** \_\_\_\_\_ Dinner (Y/N) \_\_\_\_\_

Organisation: \_\_\_\_\_ Handicap: \_\_\_\_\_

Email: \_\_\_\_\_ Dietary req.: \_\_\_\_\_

### DINNER ONLY GUESTS

Name: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

Name: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

Name: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

Name: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

Name: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

Name: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

### PAYMENT METHOD

Cheque (payable to CareFlight Ltd)

Mastercard  Visa  Amex Card Number:

Name on Card: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return completed form to:

EMAIL: [events@careflight.org](mailto:events@careflight.org) FAX: (02) 9843 5154 MAILING ADDRESS: 4 Barden Street, Northmead NSW 2152