

# 9th Annual Harlingen Medical Center Charity Golf Tournament

## 2019 Sponsorship Opportunities

### **KIDS CAFE SPONSOR**

**\$1,500**

- Includes (3) 3 Person Team Entry
- 3 Tee Box Recognition Signs
- Corporate logo prominently displayed at Club House
- Prominent acknowledgement in local newspaper
- On-stage acknowledgement and introduction at event

### **KIDS PLAY ZONE SPONSOR**

**\$1,000**

- Includes (2) 3 Person Team Entry
- Tee Box Recognition Sign
- Corporate logo prominently displayed at Club House
- Prominent acknowledgement in local newspaper
- On-stage acknowledgement and introduction at event

### **KIDS READING SPOT SPONSOR**

**\$500**

- Includes (1) 3 Person Team Entry
- Tee Box Recognition Sign
- Acknowledgement in local newspaper

### **LUNCH SPONSOR**

**\$1,500**

- Includes (1) 3 Person Team Entry
- Tee Box Recognition Sign
- Corporate logo prominently displayed at Club House
- Acknowledgement in local newspaper

### **BEVERAGE SPONSOR**

**\$1,000**

- Includes (1) 3 Person Team Entry
- Tee Box Recognition Sign & Logo on Beverage Stations
- Corporate logo prominently displayed at Club House
- Acknowledgement in local newspaper

### **TEE BOX SPONSOR**

**\$200**

- Tee Box Recognition Sign

### **SUPPORT OF YOUR CHOICE**

**\$ \_\_\_\_\_**



# 9th Annual Harlingen Medical Center Charity Golf Tournament

## 2019 Sponsorship Agreement

_____	<b>KIDS CAFE SPONSOR</b>	<b>\$1,500</b>
_____	<b>KIDS PLAY ZONE SPONSOR</b>	<b>\$1,000</b>
_____	<b>KIDS READING SPOT SPONSOR</b>	<b>\$500</b>
_____	<b>LUNCH SPONSOR</b>	<b>\$1,500</b>
_____	<b>BEVERAGE SPONSOR</b>	<b>\$1,000</b>
_____	<b>TEE BOX SPONSOR</b>	<b>\$200</b>
_____	<b>SUPPORT OF YOUR CHOICE</b>	<b>\$_____</b>

Harlingen Medical Center agrees to provide the services and privileges to the sponsor as described in the sponsorship prospectus for the sponsorship level indicated above.

Sponsor shall provide to Harlingen Medical Center the sponsorship amount described above for the selected sponsorship level.

**Sponsor Recruiter:**

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

Agency: \_\_\_\_\_

**Authorizing Sponsor:**

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

Agency: \_\_\_\_\_

**Make checks payable to and send to (please submit payment by Friday, September 20, 2019):**

Harlingen Medical Center  
c/o Business Development & Marketing Department  
5501 S. Expressway 77 | Harlingen, TX 78550

**For additional information, please contact Letty Mann, Director of Business Development & Marketing at Harlingen Medical Center, at (956) 365-1848, or [lmann@primehealthcare.com](mailto:lmann@primehealthcare.com).**

