

# 15th Annual Hospice Celebration

## Registration Form

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### Event Sponsorship

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

Sponsor Phone Number: \_\_\_\_\_

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

Sponsorship Level:     Hole in One \$5,000                       Long Drive \$500  
                                  Eagle \$2,500                                       One Putt \$250  
                                  Birdie \$1,000                                       Two Putt \$100

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### Golf Tournament, Tuesday June 17, 2008

**REGISTRATION DEADLINE: June 10<sup>th</sup>, 2008**

Individual Golfer \$225       Golf Team \$900

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

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

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

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

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### Celebration of Life Dinner Event: Monday, June 16, 2008

Individual Dinner \$60       Couples Dinner \$100

**I WOULD LIKE TO ADD AN EXTRA \$15 for the 15 Year Anniversary Fund!**

Friends of Hospice Table \$1,000

(includes reserved table for 10 and optional recognition)

Our table is in honor of \_\_\_\_\_

or Our table is in memory \_\_\_\_\_

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### Payment Options for all Events

\_\_\_\_\_ Check (made payable to Hospice of NW CO)

\_\_\_\_\_ Visa/MasterCard (please circle one)

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

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

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

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ **Total:** \_\_\_\_\_

*Please return this form to Hospice and Palliative Care of Northwest*

*Colorado, 940 Central Park Drive, Suite 101, Steamboat Springs, CO 80487*

*Fax: 970-870-1326 Phone: 970-871-7631 Email: smariano@nwcovna.org*