

# KHCA

**KANSAS HEALTH CARE ASSOCIATION  
Golf Classic  
Player and Sponsor Form**

Wednesday  
September 26, 2007  
Auburn Hills-Wichita  
1:00 pm

Lunch starting at  
11:30 am

**Company:** \_\_\_\_\_

**Team Contact:** \_\_\_\_\_

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

**City/St/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Deadline: September 21, 2007**

<p><b>Team Captain</b> Name: _____ Address: _____ Phone: _____</p>	<p><b>Player #2</b> Name: _____ Address: _____ Phone: _____</p>
<p><b>Player #3</b> Name: _____ Address: _____ Phone: _____</p>	<p><b>Player #4</b> Name: _____ Address: _____ Phone: _____</p>

**Fees: \$450.00 per team** (Team Captain will be responsible for team fee)  
**\$125 per individual golfer**

Sponsorship Opportunities (check all that apply)

<b>Hole Sponsor</b>	_____	\$150
<b>Beverage Cart</b>	_____	\$500 (two available)
<b>Lunch sponsor</b>	_____	\$ 1000

If your Company has prizes to donate please let us know.

\_\_\_\_\_

Check \_\_\_\_\_      Visa \_\_\_\_\_      MC \_\_\_\_\_

Card Number \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_

Please indicate the amount enclosed or to be charged \$ \_\_\_\_\_

**Makes checks payable to: KHCA/PAC**  
**Mail entry form along with check to: KHCA, 117 SW 6<sup>th</sup> Ave Suite 200, Topeka, KS 66603**  
Questions?? Kent Sinnett-HCIS (913) 634-2666