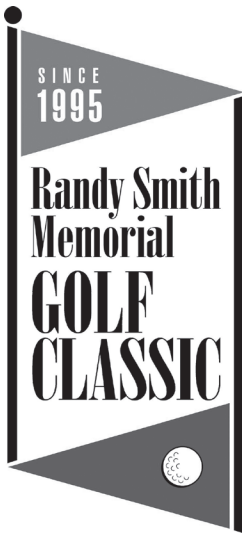


A "BEST BALL" ANNUAL GOLFING EVENT

WELCOMING ALL LADIES, GENTLEMEN & FIRST TIME GOLFERS!



Sunday, February 25, 2018
Las Vegas, Nevada

TIME: CHECK-IN 7:00 AM
 SHOTGUN START 8:30 AM
 LUNCH 1:30 PM

COURSE: Painted Desert Golf Course
 Las Vegas, Nevada

FORMAT: Scramble, Fort Lauderdale Best Ball

Please print/type info below or register online at www.rsmgc.org

Individual Name _____

Company Name _____

E-Mail Address _____

Are you attending the lunch? Yes No

Please list other golfers being paid with this entry form:

Individual Name _____

Company Name _____

E-Mail Address _____

Are you attending the lunch? Yes No

Individual Name _____

Company Name _____

E-Mail Address _____

Are you attending the lunch? Yes No

Individual Name _____

Company Name _____

E-Mail Address _____

Are you attending the lunch? Yes No

Tax-Deductible Sponsor Opportunities

Note: Signage & recognition increases w/each higher level.
 See www.rsmgc.org for sponsorship details.

Golf Entry Fee (per golfer):

\$195 each x ___ golfer(s) = \$ _____

Corporate Sponsor **\$1,500** \$ _____

- 4 Golfer registrations
- Acknowledgment as LV Randy Corporate Sponsor on website
- Banner at LV Randy with Corporate Sponsor recognition
- 3 LV Randy Hole Sponsorships

Gold Sponsor **\$1,000** \$ _____

- 3 Golfer registrations
- Acknowledgment as Gold Sponsor on web site
- Banner at LV Randy event with Gold Sponsor recognition
- 2 Hole Sponsorships at LV Randy

Silver Sponsor **\$500** \$ _____

- 2 Golfer registrations
- Acknowledgment as Silver Sponsor on website
- Banner at LV Randy event with Silver Sponsor recognition
- Banner on site with Silver Sponsor recognition
- 1 Hole Sponsorship at LV Randy

Hole Sponsor **\$150** \$ _____

- Individual Hole Signage
- Acknowledgment on web site for LV Randy

ANY Cash Donation Amount \$ _____

All contributions are greatly appreciated

TOTAL DONATION AMOUNT \$ _____

REGISTER ON-LINE AT www.rsmgc.org

or mail and make all checks payable to

Randy Smith Memorial Golf Classic

2214 NW 5th St., Bend, OR 97703 • Fax: 541-317-8749

Check enclosed Credit Card: VISA MC AmEx Discover

EXACT NAME ON CARD _____

ACCOUNT # _____

EXP. _____

CVV _____

AUTHORIZED SIGNATURE _____

CARD BILLING ADDRESS _____

CITY _____

STATE _____

ZIP _____