

THE 2010 HEALTHCARE Classic

MONDAY, MAY 17, 2010
SCHEDULE OF EVENTS

11:00AM-1:00PM
Lunch and Registration
Shotgun Start 1:15 PM



The Farm d'Allie Golf Club is located at 1235 Beau Bassin Road in Carencro, LA. For directions, call 337 886-2227.

The Healthcare Classic provides funds to support the operations of Lafayette Community Health Care Clinic. The Clinic provides free healthcare and dental care to the low income working uninsured of Lafayette Parish. The clinic also provides free prescriptions to the low income uninsured and underinsured in Acadiana (5 parishes). Over 400 healthcare professionals and others volunteer their time to provide care to those in need. To reserve your sponsorship or for more information, contact Babette Werner at 337-258-6411, bwerner@cox.net or Donna Delahoussaye at 337-296-4822 ddelahoussaye@oncologics.net.

SPONSORSHIP OPPORTUNITIES

BECOME A SPONSOR

of the 2010 Health Care Classic Golf Tournament
and help support the Lafayette Community Health Care Clinic!

Your sponsorship will greatly assist the clinic to continue to provide health care services to the working, uninsured of Acadiana.

We need your support!

Premier Sponsorship - \$10,000

- 3 Golf Teams
- Name and logo recognition on Sponsorship Banner at Event
- Event advertising and/or publicity
- Name and logo recognition in newsletter, annual report and on LCHCC Foundation website
- Logo recognition and website link from LCHCC Foundation's website
- Special shirts for all players
- Lunch, refreshments on course, player gifts

Caregiver Sponsorship - \$5,000

- 2 Golf Teams
- Name and logo recognition on Sponsorship Banner at Event
- Event advertising and/or publicity
- Name and logo recognition in newsletter, annual report and on LCHCC Foundation website
- Logo recognition and website link from LCHCC Foundation's website
- Lunch, refreshments on course, player gifts

Golden Stethoscope Sponsorship - \$2,500

- 1 Golf Team
- Exclusive Hole Sponsor
- Name in newsletter, annual report and on LCHCC Foundation website
- Logo recognition and website link from LCHCC Foundation's website
- Lunch, refreshments on course, player gifts

Prescription Sponsorship - \$1,000

- 1 Golf Team
- Name in newsletter, annual report and on LCHCC Foundation website
- Lunch, refreshments on course, player gifts

Lunch Sponsor - \$2,500

- Name recognition on lunch tables.
- Name and logo recognition in newsletter, annual report and on LCHCC Foundation website
- Logo recognition and website link from LCHCC Foundation's website

Cart Sponsors - \$500

- Name recognition on cart signage

Hole Sponsors - \$150

- Name recognition on hole signage

ALL PLAYERS RECEIVE:

Green and Cart Fees • Practice Balls • Snacks • Refreshments • Gifts



REGISTRATION FORM

Events Begin at 11:00AM • Shotgun Start 1:15PM



SPONSORSHIPS

- \$10,000 Premier Sponsorship
- \$5,000 Caregiver Sponsorship
- \$2,500 Golden Stethoscope Sponsorship
- \$1,000 Prescription Sponsorship
- \$2,500 Lunch Sponsor
- \$500 Cart Sponsor
- \$150 Hole Sponsor
- \$_____ Friend of the Clinic

If you are unable to participate but would like to make a donation, please indicate amount here and send form along with check to address below.

Enclosed is my check in the amount of \$_____ made payable to The LCHCC Foundation.

Credit cards will be accepted.

SPONSORSHIP ENTRY FORM

COMPANY

COMPANY _____

CONTACT PERSON _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE/RES _____ BUS _____

E-MAIL _____

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The Lafayette Community Health Care Clinic is a 501(c)(3) non-profit organization.

Please make checks payable to:
The LCHCC Foundation Attn: Phena Guidry
P.O. Box 80369 • Lafayette, LA 70598

Credit cards will be accepted.

PARTICIPANTS

PLAYER 1

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE/RES _____ BUS _____

E-MAIL _____

HANDICAP _____

PLAYER 2

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE/RES _____ BUS _____

E-MAIL _____

HANDICAP _____

PLAYER 3

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE/RES _____ BUS _____

E-MAIL _____

HANDICAP _____

PLAYER 4

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE/RES _____ BUS _____

E-MAIL _____

HANDICAP _____