



2025 SPONSORSHIP FORM

CarrollGolfClassic.org

Contact Name: _____

Business Name: _____

Name as it should appear on recognition: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email Address: _____

☐ \$1,000 – “Shout Out” to healthcare workers

Your company logo will be placed on a large banner displayed at tournament and hospital grounds

☐ \$750 – Closest to the Pin

Two yard signs with your name and logo on it displayed at the contest tee

☐ \$500 – Longest Drive

One 18" x 24" sign with your name on it displayed at the contest tee

☐ \$100 each – I would like to purchase _____ raffle tickets at \$100 each for chances to win fabulous prizes. Only 200 sold.

☐ Other – I would like to support Carroll Hospital with an outright gift of \$ _____.

BENEFITS

- Recognition on the Carroll Hospital website and local newspaper
- Opportunity to provide promotional items to participants at the event

To participate in the Carroll Golf Classic, please complete the form below or visit carrollgolfclassic.org

☐ Check payable to: Carroll Hospital Foundation

☐ Pay by credit card at CarrollGolfClassic.org or scan the QR code below



Mail or email to:

Carroll Hospital Foundation c/o Carroll Golf Classic

Attention: Heather Akers, Event Manager
200 Memorial Avenue
Westminster, MD 21157

Phone: 410-871-6200
carrollfoundation@lifebridgehealth.org



THANK YOU FOR YOUR SUPPORT!

Raising funds for Carroll Hospital,
a LifeBridge Health Center

If you have any questions, please contact the Carroll Hospital Foundation at 410-871-6200.