

**Brain Injury Association
 of New Hampshire's
 26th Annual
 Charity Golf Tournament**
 Wednesday, August 12, 2009
 Pheasant Ridge Golf Club
 Gilford, NH

SCHEDULE

7:30 a.m. REGISTRATION/COFFEE & PASTRIES
 8:30 a.m. SHOTGUN START
 1:45 p.m. BUFFET DINNER, AWARDS
 CEREMONY & RAFFLE DRAWING

Four-person scramble format. Prizes awarded to the top teams, longest drive, closest to the pin, hole-in-one & putting contests. Try your luck at winning one of our many great raffle prizes! Raffle tickets will be available throughout the day.

ALL REGISTRATION FORMS MUST BE RECEIVED BY JULY 10, 2009. LIMITED TO 144 GOLFERS, SO SIGN UP EARLY!

All proceeds raised through this event are used to support programs focused on brain injury prevention and to provide emergency financial assistance to survivors and their families.

SPONSORSHIP OPPORTUNITIES ~ All levels include signage at site of sponsorship, recognition at awards banquet, in the tournament program and HEADWAY newsletter, as well as on the BIANH website.

- Event Sponsor** \$2,000 (includes one team of 4 players)
- Dinner Sponsor** \$1,500 (includes 2 players)
- Prize Sponsor** \$1,000 (includes 1 player)
- Golf Cart Sponsor** \$750
- Hole-in-One Sponsor** \$500
- Putting Green Sponsor** \$400
- Hospitality Sponsor** \$300
- Tee or Green Sponsor** \$200
- Raffle Prize/Welcome Bag Donation**



We are always in need of merchandise, gift certificates and/or money to use as contest and raffle prizes. Donate 150 of a single promotional item for the welcome bags and get your company's name out to all in attendance.

Description: _____

SPONSOR/DONOR INFORMATION

Company Name: (as you wish it to appear) _____

Contact Name: _____ Phone: _____

Address: _____

Email: _____ Amount Enclosed: _____ Check # _____

***TEAM/PLAYER INFORMATION**

\$110 per person \$440 per team

***It is important that you notify the Association office if you have changes in your team prior to the tournament.**

1. Captain: _____

Address: _____

2. _____

Address: _____

3: _____

Address: _____

4. _____

Address: _____

MAIL REGISTRATION FORM & CHECK TO: **Brain Injury Association of New Hampshire**
 109 North State Street, Suite 2, Concord, NH 03301
 Questions? Please call the BIANH office at (603) 225-8400.

THANK YOU FOR YOUR SUPPORT. WE LOOK FORWARD TO SEEING YOU!