



15TH ANNUAL 2010 DC HEMOPHILIA OPEN

Old Hickory Golf Club
Woodbridge, VA



SPONSORSHIP REGISTRATION

HACA Masters Club	\$ 7,500
<ul style="list-style-type: none">• COMPANY NAME OR CORPORATE LOGO FEATURED ON TOURNAMENT PROGRAM COVER• TWO (2) FOURSOMES• Company name or corporate logo featured on designated hole• Company name or corporate logo featured on event website• Full page ad in event program• Publication in newsletter – tri-state area	
HACA Eagle Sponsor	\$ 5,000
<ul style="list-style-type: none">• ONE (1) FOURSOME• Company name or corporate logo featured on designated hole• Company name or corporate logo featured on event website• Half-page ad in event program• Publication in newsletter – tri-state area	
HACA Birdie Sponsor	\$ 3,500
<ul style="list-style-type: none">• ONE (1) FOURSOME• Company name or corporate logo featured on designated hole• Company name or corporate logo featured on event website• Quarter-page ad in event program	
HACA Golf Cart Sponsor	\$ 2,500
<ul style="list-style-type: none">• ONE (1) FOURSOME• Company name or logo featured on designated hole and golf carts• Company name or logo listed in event program and on event website	
HACA Par Sponsor	\$ 1,500
<ul style="list-style-type: none">• ONE (1) FOURSOME• Company name or logo featured on designated hole• Company name or logo listed in event program and on event website	
HACA Box Lunch Sponsor	\$ 1,250
<ul style="list-style-type: none">• ONE (1) FOURSOME• Company name or logo displayed at designated hole and box lunch site• Company name or logo listed in event program and on event website	
HACA Event Program Sponsor	\$ 1,000
<ul style="list-style-type: none">• ONE (1) FOURSOME• Company name or logo displayed on designated hole and on event website• Company name or logo featured on event program	
HACA Hole in One Sponsor	\$ 350
<ul style="list-style-type: none">• Company name or logo listed in event program	



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HACA Closest to the Pin Sponsor	\$ 350
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- Company name or logo listed in event program

HACA Putting Contest Sponsor	\$ 300
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- Company name or logo listed in event program

HACA Beverage Cart Sponsor (2 Sponsors Needed)	\$ 300
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- Company name or logo featured on beverage carts
- Company name or logo listed in event program

HACA Hole Sponsor	\$ 275
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- **Company name or corporate logo featured on designated hole**
- Company name or logo listed in event program

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|--|---|
| <input type="checkbox"/> HACA Master Sponsor \$ 7,500 | <input type="checkbox"/> HACA Event Program Sponsor \$ 1,000 |
| <input type="checkbox"/> HACA Eagle Sponsor \$ 5,000 | <input type="checkbox"/> HACA Hole in One Sponsor \$ 350 |
| <input type="checkbox"/> HACA Birdie Sponsor \$ 3,500 | <input type="checkbox"/> HACA Closest to Pin Sponsor \$ 350 |
| <input type="checkbox"/> HACA Golf Cart Sponsor \$ 2,500 | <input type="checkbox"/> HACA Putting Contest Sponsor \$ 300 |
| <input type="checkbox"/> HACA Par Sponsor \$ 1,500 | <input type="checkbox"/> HACA Beverage Cart Sponsor \$ 300 |
| <input type="checkbox"/> HACA Box Lunch Sponsor \$ 1250 | <input type="checkbox"/> HACA Hole Sponsor \$ 275 |
| <input type="checkbox"/> Unable to attend, please accept the enclosed tax-deductible contribution \$_____. | |

Total Payment \$ _____ **Payment Method:** _____ **Check** _____ **Mastercard/ Visa/AmEx**

Credit Card Number _____ **Expiration Date** _____

Credit Card Billing Address _____

Company _____

Contact/Title _____

Address _____

City/State/Zip _____

Phone Number _____ **Email Address** _____

Please return this completed form to:
Hemophilia Association of the Capital Area
10560 Main Street, Suite PH-4
Fairfax, VA 22030
Telephone: 703-352-7641 FAX: 703-352-2145

If your sponsorship includes a foursome, please supply contact information on Golfer Registration form (included).



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Golfer Registration Form

- We are a sponsor entitled to a foursome. Please find the information about our foursome members in the form below.
- Yes, I would like to participate as a single golfer. Enclosed please find \$215 for my registration. (If you wish to be grouped in a foursome with others who are paying separately, please list their names below after your own.)
- Yes, I would like to register a foursome. Enclosed please find \$860 for our registration. (Include additional names below.)
- I am unable to golf in your event, but would like to show my support. Enclosed please find my tax-deductible donation of \$_____.

Name: _____
Address: _____
City, State, Zip: _____
Day Phone: _____
Email Address: _____

Name: _____
Address: _____
City, State, Zip: _____
Day Phone: _____
Email Address: _____

Name: _____
Address: _____
City, State, Zip: _____
Day Phone: _____
Email Address: _____

Name: _____
Address: _____
City, State, Zip: _____
Day Phone: _____
Email Address: _____

Please make checks payable to **HACA**.

To pay by credit card (Visa, MasterCard, American Express only): Amount charged: \$_____

Credit card number: _____ Expiration date _____.

Billing address (if different from above):

City _____ State _____ Zip Code _____

Completed registrations can be mailed to the above address or faxed to 703-352-2145. .

If your sponsorship includes a foursome, please supply contact information on Golfer Registration form (included).