

Bad Pants Open 2021

Benefiting the Diabetes Resource Center at United Health Services



Company Name _____ Contact _____

Address _____

City _____ State _____ Zip _____

Email _____

Website _____

Phone _____ Fax _____

Sponsorship Opportunities (Please check all that apply)

- Bad Pants Sponsor** **\$5,000**
- Plaid Sponsor** **\$3,500**
- Golf Cart Sponsor** **\$2,500**
- Golf Bag Sponsor** **\$2,000**
- Knickers Sponsor** **\$1,500**
- Beverage Cart Sponsor** **\$1,000**
- Foursome Entry Fee** **\$650**
- Individual Entry Fee** **\$175**
- An Eagle - Double Hole Sponsor** **\$350**
- A Birdie - Hole Sponsor** **\$200**
- I am unable to attend, but would like to donate \$ _____ to the Diabetes Resource Center at United Health Services

Payment Method

- Please invoice me
- Check Enclosed (payable to United Health Services)
- Charge my: MasterCard Visa American Express Discover

Credit Card Number _____ Expiration Date _____/_____/_____

Card ID Number (3 digit code on the back) _____ Please be sure address above is the billing address.

Signature _____

Questions? Contact us at 574-314-5422 or ldietz@uhs-in.org

Please respond by May 3, 2021 for all sponsorship levels to be in the program.

Please return this form with your payment to:

United Health Services 6910 North Main Street, Bldg. 9, Mail Unit 10, Granger, IN 46530

Or fax to 574-247-6060