



AVH Auxiliary Golf Tournament

Friday, September 15, 2023
Androscoggin Valley Country Club

Don't Delay - Register TODAY to Reserve Your Spot!

Sponsorship Level

Please select sponsorship level below:

TITLE Sponsor *TAKEN - Ask About Next Year*

- ACE Sponsor-TAKEN-AVHMedicalStaff \$4,000
- DOUBLE EAGLE Sponsor \$2,500
- EAGLE Sponsor \$1,000
- BIRDIE Sponsor \$700
- PAR Sponsor \$350
- BOGEY Sponsor \$175
- TEE Sponsor \$100
- DONATION..... Any Amount

Sponsorship Amount: \$ _____

Check payable to "AVH Auxiliary" enclosed.

Please charge amount to:

Visa Mastercard Discover AmEx

Card Number: _____

Exp Date: ___/___ Security Code: _____

Zip Code: _____

Name on Card: _____

Signature: _____

Golfer Registration

Please provide golfer registration on the reverse side of this form. Include email addresses to receive tournament-related messages and access to tournament photos.

Prize/Item for Goodie Bag

- Gift for Souvenir Prize Drawing
- Promo Items for Golfer Goodie Bags
- Gift for Golf Tournament Raffle
(Item valued at \$250 or higher, please; must be received by August 1 to be included on the raffle ticket)

Description: _____

_____ Value: \$ _____

I will mail the above item(s).

Please pick up the above item(s).

Contact Information

Name _____

Title _____

Business Name _____

Address _____

E-mail _____

Telephone _____

Register with payment by August 30, 2023

Mail to: 59 Page Hill Road, Berlin, NH 03570

Send your business logo to: james.patry@northcountryhealth.org

Golfer Registration

Golfer 1

Name _____

Address _____

Phone _____

Email _____

Handicap/GHIN # _____

Golfer 2

Name _____

Address _____

Phone _____

Email _____

Handicap/GHIN # _____

Golfer 3

Name _____

Address _____

Phone _____

Email _____

Handicap/GHIN # _____

Golfer 4

Name _____

Address _____

Phone _____

Email _____

Handicap/GHIN # _____

For Single Players: I would like to golf with _____

I have no preference who I golf with.