

	SPONSORSHIP FORM	l (Deadlir	ne for sp	onsorships	is July 7th)
Check all bo	oxes that apply:				
#All Proc	Recovery Board golf outing web page for \$250: Birdie Sponsor - Tee sign, compared Recovery Board golf outing web page for \$100: Par Sponsor - Tee sign, company Monetary Donation: \$ (Amount Gift Basket/Gift Card Donation creeds benefit the Friends of the Trumbut	or one-yony logo is or one you name in	ear, Specon event pear event pear event p	cial Social M program and rogram	d on the Trumbull County Mental Health and
Organization Na					
Contact Person:			Phone Num		mber:
Email Address:					
Street Address:					
City:	State:			Zip:	
	REGISTRATION FO	RM (Dea	dline to	register is lu	uly 14 th)
REGISTRATION FORM (Deadline to register is July 14 th) Four Person Team - \$300.00 Single Golfer - \$80.00					•
Team Name:			L	J Sirigie Gon	161 - 180.00
realli Naille.	Name		A al al a	- / C : 1 A -l	due ee
	Name		Addres	ss/Email Ad	aress
Team Captain: Phone #:					
Golfer #2:					
Golfer #3:					
Golfer #4:					
Make Checks Payable to: Friends of the TCMHRB Mail to: Trumbull County Mental Health & Recovery Board					Method of Payment:

Total: \$ _____

4076 Youngstown Road SE, Suite 201

Warren, Ohio 44484