

2024 UPMC Horizon/UPMC Jameson Golf CARE Classic

REGISTRATION DEADLINE: June 1st, 2024

If you are unable to register/pay online, please complete this form and forward payment.

Team Contact: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Select One: Individual Golf - \$300 Team - \$1,200

Virtual Event (*I will play between May 31-June 14 & submit my scores to participate*)

SPONSORSHIP LEVELS

Please see brochure for sponsorship benefits

Gold Sponsor - \$10,000

Silver Sponsor - \$5,000

Bronze Sponsor - \$2,500

Hole Sponsor - \$1,000

Friends of the Foundation - _____ (*\$100 up to \$1,000*)

TEAM INFORMATION

Golfer Name: _____ Phone: _____

Address: _____ Email: _____

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Address: _____ Email: _____

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Address: _____ Email: _____

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Address: _____ Email: _____

PAYMENT

Enter Credit Card information below, or return check with registration form.

Make checks payable to UPMC Horizon Community Health Foundation.

Credit Card Number: _____ Amount: _____

Name on Card: _____ Exp Date: _____ CID Code: _____

Please mail form to: UPMC Horizon Foundation, Attn: Kelly Haux, 1211 Wilmington Ave, New Castle, PA 16105

Online registration is also available at: upmchorizonfoundation.org/golf