



- Yes, I/we will participate in the Children's Health 12th Annual Golf Outing at The Ridge at Back Brook on Monday, August 9, 2010 benefiting the Child Health Institute at the Robert Wood Johnson Medical School of UMDNJ and The Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital.
- Regretfully, I/we cannot attend, but enclosed is a sponsorship contribution to support this important fundraising event.

Player Sponsorships

(Please check the appropriate box and complete the form on the reverse side)

- | | |
|--|----------|
| <input type="checkbox"/> Overall Golf Outing Sponsor | \$20,000 |
| <input type="checkbox"/> Platinum Sponsor | \$15,000 |
| <input type="checkbox"/> Gold Sponsor | \$10,000 |
| <input type="checkbox"/> Silver Sponsor | \$5,000 |
| <input type="checkbox"/> Foursome | \$4,000 |
| <input type="checkbox"/> Individual Golfer with the Dean | \$2,500 |
| <input type="checkbox"/> Individual Golfer with CEO | \$2,500 |
| <input type="checkbox"/> Individual Golfer | \$1,000 |

Promotional Sponsorships

- | | |
|---|---------|
| <input type="checkbox"/> Golf Cart Sponsor | \$3,500 |
| <input type="checkbox"/> Pin Flags Sponsor <i>(Deadline is July 16th)</i> | \$3,000 |
| <input type="checkbox"/> Fairway Sponsor | \$2,500 |
| <input type="checkbox"/> Lunch/Dinner Sponsor | \$2,000 |
| <input type="checkbox"/> Putting Green Sponsor | \$1,500 |
| <input type="checkbox"/> Eagle Sponsor | \$1,000 |
| <input type="checkbox"/> Friend | \$500 |

RESERVATION FORM

Please RSVP by July 23, 2010

Organization Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Golfers:	Phone:	GHIIN No/ Handicap:
----------	--------	------------------------

1. _____

2. _____

3. _____

4. _____

If only attending the cocktail reception/dinner, please list guests:

Enclosed is a check or credit card information for the

Children's Health Golf Outing in the amount of \$ _____

(Golf Clubs Rental Fee: add \$50)

Please make check payable to:

The RWJ University Hospital Foundation
10 Plum Street, Ste. 910, New Brunswick, NJ 08901

Phone: 732-937-8750 Fax: 732-418-8379

Email: foundation@rwjuh.edu

Federal ID No. 22-2378007

Credit Card (please circle): Visa Mastercard

Name on card: _____

Credit Card Number: _____

Expiration Date: _____ Phone: _____