

- Yes, I/we will participate in the Children's Health 13th Annual Golf Outing at The Ridge at Back Brook on Monday, August 8, 2011 benefiting the Child Health Institute of New Jersey at UMDNJ-Robert Wood Johnson Medical School 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 (Deadline is July 15th) | \$3,000 |
| <input type="checkbox"/> Fairway Sponsor | \$2,500 |
| <input type="checkbox"/> Lunch/Dinner Sponsor | \$2,000 |
| <input type="checkbox"/> Driving Range Sponsor | \$1,500 |
| <input type="checkbox"/> Putting Green Sponsor | \$1,000 |
| <input type="checkbox"/> Friend | \$500 |



RESERVATION FORM

Please RSVP by July 24, 2011

Organization Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Golfers:	Phone:	GHIN 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 \$ _____

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: _____