



## Golf Classic Registration Form

**Please mail all checks and payment information to:**

ATTN: Golf Classic - Barkann Foundation  
P.O. Box 118  
Newtown Square, PA 19073

**Checks Payable to: The Barkann Family Healing Hearts Foundation**

**Credit Card Payments can made online by visiting:**

**<http://thebarkannfoundation.org/golf-sponsorships-registration/>**

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### **Contact Information:**

Contact Name: \_\_\_\_\_

Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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### **I am supporting the Michael Barkann & Friends Golf Classic at the following level:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> All Star Sponsor \$5,000                                  | <input type="checkbox"/> MVP Sponsor \$3,000          | <input type="checkbox"/> Winner's Circle Sponsor \$2,000   |
| <input type="checkbox"/> Clubhouse Sponsor \$1000                                  | <input type="checkbox"/> Fairways Sponsor \$500       | <input type="checkbox"/> Prize Sponsor \$350 (4 Available) |
| <input type="checkbox"/> Double Tee Sponsor \$350                                  | <input type="checkbox"/> Individual Tee Sponsor \$175 |  |
| <input type="checkbox"/> Non-Sponsorship Foursome (Limited Availability) \$1500    |   |  |
| <input type="checkbox"/> Individual Golfer (Limited Availability) \$375 Per Person |   |  |
| <input type="checkbox"/> Spectator Pass \$100 Per Person                           |   |  |
| <input type="checkbox"/> Reserve ____ Dinner Ticket(s) @ \$100 Per Guest           |   |  |

**Please email company logo to Mike Barnes for sponsorship or tee signs to: [mike@thebarkannfoundation.org](mailto:mike@thebarkannfoundation.org)**

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**For additional information or questions, contact: [mike@thebarkannfoundation.org](mailto:mike@thebarkannfoundation.org)**

**Golfer Participant Information:**

Golfer / Participant's First & Last Name	Phone	Email
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

**Dinner Ticket(s) - Guest Information:**

Guest's First & Last Name	Phone	Email
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		