

# 19TH ANNUAL MORRIS THOMPSON MEMORIAL GOLF CLASSIC

THURSDAY & FRIDAY  
JUNE 13 - 14, 2019  
FAIRBANKS, ALASKA



..... Tee Up For **SCHOLARS** .....

## Sponsorship Information

Please select your requested sponsorship level below:  
(See sponsorship flyer for details)

- Doctorate Level** \$15,000 and above
- Master's Level** \$10,000
- Bachelor's Level** \$5,000
- Associate Level** \$2,500
- Beverage Cart Sponsor**
- Golf Ball Sponsor** \$3,500
- Insurance Hole-in-One Sponsor** \$2,000
- Hole Sponsor** \$1,500
- Certificate Level** \$1,000
- Individual Golfer** \$300  
*Includes skills, Calcutta, golf classic and banquet.*
- Team** \$1,200  
*Includes skills, Calcutta, golf classic and banquet.*
- Door Prize Sponsor**  
*I would like to donate a door prize; please contact me.*

## VTP Registration

Please complete the following information to secure your sponsorship and/or register for the tournament.

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
CONTACT NAME (REQUIRED)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
MOBILE PHONE

\_\_\_\_\_  
EMAIL ADDRESS (REQUIRED)

\_\_\_\_\_  
COMPANY WEBSITE

- I am interested in renewing my 2019 sponsorship for the 2020 golf classic. Please contact me in \_\_\_\_\_ (month) to arrange my 2020 sponsorship.

VIP REGISTRATION & PAYMENT  
*Deadline* **FRIDAY, MAY 10, 2019\***

\* Roster will be open to the public after this date.  
Registration fee will not be refunded after Monday, May 27.

**RETURN COMPLETED FORM TO:**  
golf@doyon.com or fax to (907) 459-2060

For more information, visit [doyonfoundation.com](http://doyonfoundation.com), call 459-2000 (in Fairbanks) or 1-888-478-4755 (toll-free), or email [golf@doyon.com](mailto:golf@doyon.com).

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## Player Information

Please indicate if this is a:  Team registration  Individual registration\*

Participants are encouraged to form their own four-player team consisting of one A, one B, one C and one D handicapped player. Handicaps are as follows:

A = 0-13    C = 21-28    B = 14-20    D = 29 and above (max 32)

Please provide the requested information for each player being registered, and attach a copy of GHIN card or a verified lowest score for each player.

If on a team, please list team member names: \_\_\_\_\_

*\*Players may register as individuals, but we cannot guarantee they will be placed on a team.*

<p>PLAYER 1 NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>EMAIL _____</p> <p>PHONE _____</p> <p><input type="checkbox"/> Check here if same as registration information</p> <p>HC _____ COURSE _____</p>	<p>PLAYER 2 NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>EMAIL _____</p> <p>PHONE _____</p> <p><input type="checkbox"/> Check here if same as registration information</p> <p>HC _____ COURSE _____</p>
<p>PLAYER 3 NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>EMAIL _____</p> <p>PHONE _____</p> <p><input type="checkbox"/> Check here if same as registration information</p> <p>HC _____ COURSE _____</p>	<p>PLAYER 4 NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>EMAIL _____</p> <p>PHONE _____</p> <p><input type="checkbox"/> Check here if same as registration information</p> <p>HC _____ COURSE _____</p>

## Payment Information

Sponsorship or player registration amount: \$\_\_\_\_\_.

I would like to make an additional donation in the amount of \$\_\_\_\_\_.

I would like to make an in-kind donation for use as a door prize. Please contact me.

**Total Payment:** \$\_\_\_\_\_

## METHOD OF PAYMENT

Check Enclosed (*payable to Doyon Foundation*); Check # \_\_\_\_\_.

Bill Me     VISA/MC

NAME ON CARD \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_