



Inland Behavioral and Health Services, Inc.

14th Annual Golf Tournament

Sign-Up Form

Name: _____

Company Name: _____

Address _____

City: _____

State: _____

Zip: _____

Email: _____

Phone: _____

Mail to:

Inland Behavioral & Health
Services, Inc.
665 North "D" Street
San Bernardino, CA 92401
ATTN: Miriam Torres-Salazar

Please indicate your selections:

Registration Deadline is September 12, 2018

Foursome
\$550.00

Twosome
\$280.00

Individual
\$150.00

Luncheon
\$40.00

Providing Raffle Prize

Eagle Sponsor
\$4,000.00

Birdie Sponsor
\$3,000.00

Par Sponsor
\$2,000.00

Hole Sponsor
\$250.00

Providing Goodies for Gift
Bags

PROGRAM ADVERTISEMENT OPPORTUNITIES:

* Covers are First Come and Limited to One Each*

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> Full - Page | \$150 | <input type="checkbox"/> Outside Back Cover* | \$300 |
| <input type="checkbox"/> Half - Page | \$100 | <input type="checkbox"/> Inside Front Cover* | \$275 |
| <input type="checkbox"/> Quarter - Page | \$50 | <input type="checkbox"/> Inside Back Cover* | \$250 |

I am unable to attend, but please accept my gift in the amount of \$_____

Method of Payment

Cash Check

Please make your check payable to:
Inland Behavioral and Health Services, Inc.

Contribution Amount:	\$_____
Player Registration:	\$_____
Total Amount Enclosed:	\$_____

Team Roster

Name	e-mail
Name	e-mail
Name	e-mail
Name	e-mail

Please note for these purposes that our Tax Identification Number is 95-3246624