SHARING THE GREEN
2015 REGISTRATION FORM

Event information: 9 holes of golf followed by a burger buffet dinner.
**Friday April 17th**  Golf 3:00pm, Dinner 5:30pm
Shoreline Golf Course 210 Locust St. Carter Lake IA 51501

Company/Organization: ________________________________
Contact Name: ________________________________ E-mail: ________________________________
Address: __________________________________________ Phone: ________________________________

☐ I would like to **sponsor** SHARING the GREEN:

- **GOODLIFE/RESPECT/VISION Clinic Sponsor**: $5,000
  - Company logo on all publications
  - Recognition at the tournament
  - Opportunity to distribute promotional materials

- **Hole Sponsor**: $300
  - Company logo on tee box
  - Opportunity to distribute promotional materials
  - Recognition at the tournament

- **Cart Sponsor**: $500
  - Company logo on each cart
  - Opportunity to distribute promotional materials
  - Recognition at the tournament

- **Beverage Cart Sponsor**: $250
  - Company logo on all beverage carts
  - Opportunity to distribute promotional materials
  - Recognition at the tournament

☐ I would like to **participate** in SHARING the GREEN:

- **Individual participation for UNMC students**: $50

- **Individual participation for the public** (non-students): $75
  *Each player receives 9 holes of golf, including cart, range balls, dinner, and prize eligibility.

- **I don’t care to golf, however ...**
  - ____ I would like to attend the dinner : $20
  - ____ I would like to sponsor a student team of 4 : $200

☐ Enclosed is my gift of:

- ____$25
- ____$50
- ____$100
- ____Other

Make checks payable to the University of Nebraska Medical Center and send with this form to:
SHARING Clinic – “SHARING the Green”
Attn: Keith D. Swarts
Director, Business Services
985200 Nebraska Medical Center
Omaha NE 68198-5060
(402) 559-5840

If you would like to pay via phone & credit card,
Please call Keith Swarts @ 402-559-5840

All donations are 501(c)3 deductible (minus green fees). Thank you for your support! Tax Id # 47-0049123
Team registration:
Please place me with the following golfers for my 4-person team.

Player 1: _______________________
Player 2: _______________________
Player 3: _______________________
Player 4: _______________________

If you have any further questions please contact one of the following SHARING Student Fundraisers:

Rohan Khandalavala  rohan.khandalavala@unmc.edu
Austin Dudzinski    austin.dudzinski@unmc.edu
Leah Svingen        leah.svingen@unmc.edu
Michaela Klesitz    michaela.klesitz@unmc.edu

Thank you for supporting UNMC’s student-run SHARING clinics!