

11th ANNUAL



ATLANTIC DENTAL CARE
CHARITY GOLF CLASSIC

2026 SPONSORSHIP AND ENTRY FORM

PLEASE CHECK SPONSORSHIP:

- | | |
|---------------------------------------------------------------------------------------------------|----------|
| <input type="radio"/> Apparel Sponsor | \$12,500 |
| <input type="radio"/> Goodie Bag Sponsor | \$12,500 |
| <input type="radio"/> Hat Sponsor | \$5,000 |
| <input type="radio"/> Flag Pole Sponsor | \$5,000 |
| <input type="radio"/> Towel Sponsor | \$5,000 |
| <input type="radio"/> Golf Ball Sponsor | \$5,000 |
| <input type="radio"/> Golf Cart Sponsor | \$3,500 |
| <input type="radio"/> Dinner Sponsor | \$3,000 |
| <input type="radio"/> Registration Sponsor | \$2,500 |
| <input type="radio"/> Lunch Sponsor | \$2,000 |
| <input type="radio"/> Beverage Cart Sponsor | \$1,500 |
| <input type="radio"/> Refreshment Stand Sponsor | \$1,500 |
| <input type="radio"/> Putting Green Sponsor | \$1,200 |
| <input type="radio"/> Driving Range Sponsor | \$1,200 |
| <input type="radio"/> Long Drive Sponsor | \$1,200 |
| <input type="radio"/> Closest to the Pin Sponsor | \$1,200 |
| <input type="radio"/> Award Sponsor | \$1,000 |
| <input type="radio"/> Mulligan Sponsor | \$1,000 |
| <input type="radio"/> Hole Sponsor | \$350 |
| <input type="radio"/> Bundle Player Package
(fill out and return the second page of this form) | \$1,000 |
| <input type="radio"/> Team Sponsor
(fill out and return the second page of this form) | \$ 800 |
| <input type="radio"/> Individual Player
(fill out and return the second page of this form) | \$ 200 |
| <input type="radio"/> Monetary Contribution | \$ _____ |

Entry fees and forms must be received by July 23, 2026:

1. Email entry form to: Ellie Harn
ellieharn@outlook.com
2. Mail checks and participant form to:
Atlantic Dental Care
10245 Idle Pine Lane
Estero, Florida 34135
3. Make checks payable to:
Atlantic Dental Care, PLC

Please email high quality logos by July 23, 2026 to ensure we have enough time to get them on the promotional items and signage.



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2. Mail checks and participant form to: ADC, 10245 Idle Pine Lane
Esteros, Florida 34135
3. Make checks payable to: Atlantic Dental Care, PLC

Sponsor Name _____

Best contact: email | mobile phone | work phone | home phone (for rain date)

Email address _____ Phone _____

TEAM #1: Name of Team: _____

Player 1 Name Shirt Size XXL XL L M S (Male / Female)

Player 2 Name Shirt Size XXL XL L M S (Male / Female)

Player 3 Name Shirt Size XXL XL L M S (Male / Female)

Player 4 Name Shirt Size XXL XL L M S (Male / Female)

TEAM #2: Name of Team: _____

Player 1 Name Shirt Size XXL XL L M S (Male / Female)

Player 2 Name Shirt Size XXL XL L M S (Male / Female)

Player 3 Name Shirt Size XXL XL L M S (Male / Female)

Player 4 Name Shirt Size XXL XL L M S (Male / Female)