

Third Annual  
**Dr. Tom Kim Charity Golf Tournament**

*Benefiting The Free Medical Clinic of America*

This year's event will be held Wednesday morning, September 28,  
at Egwani Farms Golf Course in Rockford.  
(Check-in at 7 a.m., shotgun start at 8:30 a.m.)

**Check each sponsorship role you are willing to fill:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Presenting (\$5,000)    | <input type="checkbox"/> Cart, greens fee (\$3,500)      | <input type="checkbox"/> Corporate (\$2,500)             |
| <input type="checkbox"/> Shirt (\$2,500)         | <input type="checkbox"/> Gift bag (\$1,000)              | <input type="checkbox"/> Media (up to \$1,000)           |
| <input type="checkbox"/> Breakfast (\$1,000)     | <input type="checkbox"/> Beverage, snack (\$1,000)       | <input type="checkbox"/> Hole-in-one (\$500)             |
| <input type="checkbox"/> Putting contest (\$500) | <input type="checkbox"/> Closest-to-the-pin (\$500/hole) | <input type="checkbox"/> Longest-drive (\$500)           |
| <input type="checkbox"/> Team photo (\$250)      | <input type="checkbox"/> Hole (\$50 per hole)            | <input type="checkbox"/> Team (\$500)                    |
| <input type="checkbox"/> Player (\$125)          | <input type="checkbox"/> Tournament volunteer            | <input type="checkbox"/> Prize donation (please specify) |

Your name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

Your phone number: \_\_\_\_\_

Your e-mail address: \_\_\_\_\_

**Please return this form by July 31.**

**For more information and other sponsorship opportunities: Call 865-777-1490.**

If you plan to field a team, or wish to be placed on a team, please mail the following information,  
along with your team/player fee, no later than **August 28**.

**Please include \$125 per player**

\* Breakfast, lunch, beverages, snacks and gift bags, including embroidered golf shirts

## Player Registration Form

NAME	ADDRESS WITH ZIP CODE	E-MAIL ADDRESS	PHONE	POLO SHIRT SIZE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

COMPANY NAME & ADDRESS \_\_\_\_\_

COMPANY CONTACT & PHONE \_\_\_\_\_

Make check payable to: Free Medical Clinic. Note on check: "Golf tournament" or "golf."  
Mail to: Dr. Tom Kim Charity Golf Tournament, Free Medical Clinic, 6209 Chapman Highway, Knoxville, TN 37920

**THANK YOU FOR YOUR PARTICIPATION!**