



FLAGSHIP CHARITIES GOLF CLASSIC **SPONSORSHIP FORM**

Name: _____ Title: _____

Company: _____ Acknowledge Donation as: _____

Address: _____ City/State/Zip: _____

Phone #: (_____) _____ Mobile #: (_____) _____ E-mail: _____

DONATION: I/We would like to support FLAGSHIP CHARITIES GOLF CLASSIC:

- I am unable to attend and would like to make a Donation = \$ _____
- Other _____ (Number to attend Banquet _____) = \$ _____

GOLF SPONSOR: (Please submit golfer information)

- \$8,000 PLATINUM, two foursomes (Number to attend Banquet _____) = \$ _____
- \$4,500 GOLD One Foursome (Number to attend Banquet _____) = \$ _____
- Other _____ = \$ _____

DINNER SPONSOR: I am unable to golf but would like to attend the Cocktail Reception, Auction and Awards Banquet

- \$1,000 TEE/DINNER, Four Dinner tickets, Course/Journal Acknowledgement = \$ _____
- \$500 DINNER PATRON, Two Dinner tickets = \$ _____
- Awards Banquet, Cocktails Reception & Auction (\$100 pp x Qty _____) = \$ _____

GIFT SPONSOR: Please provide LOGO in jpg format for Website.

- TEE GIFT DONOR, one item for each golfer 200 items
- AUCTION DONOR, item for auction.

Estimated Fair Market Value of item: \$ _____ (Assigned by Donor)

For Certificates: Please list any Restriction(s) related to this contribution are as follows (dates, times, locations, weekend/weekday availability, alcoholic beverages, tax and gratuity for dinner certificates, expiration dates):

PAYMENT INFORMATION: Please make checks payable to AMR/AA Foundation

- American Express
- Mastercard
- Visa

Card Number: _____ Expiration Date: _____

Name & Cardholder: _____

I understand the above amount will be charged to the listed credit card and accept full responsibility for the charges.

Signature: _____

Phone #: (_____) _____ E-mail: _____

PLEASE EMAIL THIS FORM TO: FLO@FLAGSHIPCHARITIES.ORG
 AmericaAirlines Flagship Charity Golf Tournament
 222 North Sepulveda Blvd., Suite 2100, El Segundo, CA 90245
Telephone: (310) 648-6411 **Fax:** (310) 648-6481
 AMR Foundation is a 501(c)(3) non-profit organization. Federal Tax ID#76-2086656



PLAYER/DINNER GUEST INFORMATION

SEPTEMBER 19, 2011

Golfer 1 - Name: _____ **Shirt Size:** ____ **Sept. Index** ____ **SCPGA #** _____

Company/Organization: _____

Address/City/State/Zip: _____

Phone #: (____) _____ Fax #: (____) _____ E-mail: _____

Attending Banquet: *Y or N* **Will have a guest:** *Y or N* **Guest Name:** _____

Golfer 2 - Name: _____ **Shirt Size:** ____ **Sept. Index** ____ **SCPGA #** _____

Company/Organization: _____

Address/City/State/Zip: _____

Phone #: (____) _____ Fax #: (____) _____ E-mail: _____

Attending Banquet: *Y or N* **Will have a guest:** *Y or N* **Guest Name:** _____

Golfer 3 - Name: _____ **Shirt Size:** ____ **Sept. Index** ____ **SCPGA #** _____

Company/Organization: _____

Address/City/State/Zip: _____

Phone #: (____) _____ Fax #: (____) _____ E-mail: _____

Attending Banquet: *Y or N* **Will have a guest:** *Y or N* **Guest Name:** _____

Golfer 4 - Name: _____ **Shirt Size:** ____ **Sept. Index** ____ **SCPGA #** _____

Company/Organization: _____

Address/City/State/Zip: _____

Phone #: (____) _____ Fax #: (____) _____ E-mail: _____

Attending Banquet: *Y or N* **Will have a guest:** *Y or N* **Guest Name:** _____

SHAMBLE FORMAT – Best Ball of Foursome (LOW Gross & LOW Net)

Each player plays his/her own ball from the best drive

Half of an individuals handicap will be used with a maximum of 9 strokes allowed.

PLEASE RETURN COMPLETED FORM TO:

Flo@flagshipcharities.org or fax: (310) 648-6481