

Generously hosted by the
Martinsburg-Berkeley County
Parks & Recreation

W. Randy Smith
**Recreational
CENTER**
40 Excellence Way, Inwood



SEPTEMBER
23
2023

 **WVU**Medicine

Join us for a fun, round robin style tournament!

Proceeds support the Frank Sabado, Jr., MD Scholarship Fund for local students.

REGISTRATION CHOICES

Tournament 1 or Tournament 2
Start: 8:30 am Start: 10:30 am

Awards Ceremony and Lunch will Follow!

Register Early – Space is Limited!

Choose Your Level of Support

TITLE SPONSOR (\$2,500 – ONLY ONE AVAILABLE)

| 8 Players | Logo Recognition on all digital and print marketing

~~GIFT SPONSOR (\$1,500 – ONLY ONE AVAILABLE)~~ TAKEN

| 2 Players | Logo Recognition on participant gift

CHAMPION SHOT (\$1,000)

| 4 Players | Typeset recognition on event day signage and digital marketing

ACE (\$500)

| 2 Players | Typeset recognition on event day signage and digital marketing

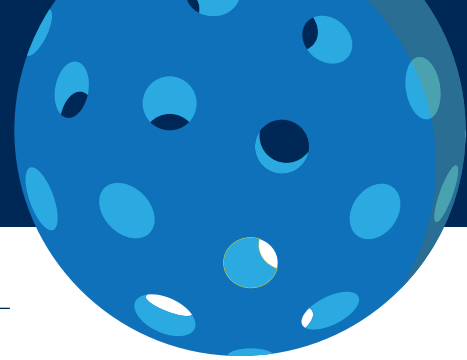
DROP SHOT (\$250)

| 1 Player | Typeset recognition on event day signage and digital marketing

INDIVIDUAL PLAYER (\$75)

| 1 Player | Complimentary luncheon following play | Participant gift

REGISTRATION FORM



Company/ Individual Name: _____

Phone #: _____

Email Address: _____

Sponsorship Level of Support

Title Sponsor \$2,500

Ace Sponsor \$500

Gift Sponsor \$1,500 **TAKEN**

Drop Shot Sponsor \$250

Champion Shot Sponsor \$1,000

Individual Player \$75

Player's Registration

Based on your level of sponsorship, please complete information on each player participating.

Player's Name: _____

Email: _____

Cell Phone: _____

Player's Name: _____

Email: _____

Cell Phone: _____

Player's Name: _____

Email: _____

Cell Phone: _____

Player's Name: _____

Email: _____

Cell Phone: _____

TOURNAMENT START PREFERENCE

on a first come first serve basis

8:30am or 10:30am

Player or start time changes will not be accepted after Sept. 20th.

Player's Name: _____

Email: _____

Cell Phone: _____

Player's Name: _____

Email: _____

Cell Phone: _____

Player's Name: _____

Email: _____

Cell Phone: _____

Player's Name: _____

Email: _____

Cell Phone: _____

Please email this form to jody.wolfe@wvumedicine.org

Please mail all check payments to:

WVU Hospitals East Foundation

121 Administrative Drive, Suite 200

Martinsburg, WV 25404



Payment Method

CHECK # _____

Please make checks payable to:

WVU Hospitals East Foundation

CREDIT CARD

Contact Deborah Crites

Development Director to process via phone

304.596.2147