

The 6th Annual Hack N' Smack Celebrity Golf Classic

Presented by The Actors' Network in memory of Kerry Daveline

Benefiting the Melanoma Research Foundation

El Caballero Country Club - May 11, 2009

Golf Entry Form

_____ I can't play but I want to participate and support this important program - enclosed is my donation

Yes! I would like to register for this year's Golf Classic. Please check appropriate sponsorship(s):

_____ Title Sponsor (24 players)	\$25,000
_____ Presenting Sponsor (2 available)(16 players)	\$10,000
_____ Major Tee Gift Sponsor (4 available)(8 players)	\$5,000
_____ Volunteer T's Sponsor (8 players)	\$4,000
_____ Dinner Reception Sponsor (4 players)	\$3,500
_____ Water Sponsor (4 players)	\$3,000
_____ Sign Sponsor (4 players)	\$3,000
_____ Photography Sponsor (4 players)	\$3,000
_____ Golf Cart Sponsor (2 available) (4 players)	\$3,000
_____ Awards Sponsor (4 players)	\$2,500
_____ Cocktail Sponsor (4 players)	\$2,500
_____ Lunch Sponsor (4 players)	\$2,500
_____ Breakfast Sponsor (4 players)	\$2,500
_____ Executive Sponsor (multiple available) (4 players)	\$2,000
_____ Celebrity 3-some Sponsor (3 players)	\$1,600
_____ Beverage Sponsor (4 available)(2 players)	\$1,000
_____ Contest Sponsor (6 available)(2 players)	\$1,000
_____ Tee Hole Sponsor (multiple available) (1 player)	\$ 600
_____ Individual Playing Spot (limited availability)(1 player)	\$ 400

NON-GOLF SPONSORSHIPS

_____ Massage Therapist Sponsor	\$1,000
_____ Tee Box Sponsor (multiple available)	\$750
_____ Full-page acknowledgement in Event Program	\$700
_____ Half-page acknowledgement in Event Program	\$350
_____ Tee/Green Sponsor (multiple available)	\$200
_____ Additional Reception & Awards Dinner Ticket	\$75

Enclosed is my check for \$_____ made payable to: **Melanoma Research Foundation**

MAIL PAYMENTS TO:

The Actors' Network, c/o Hack n' Smack, 11684 Ventura Blvd. - #757, Studio City, CA 91604
(Please note that the mailing address and name are different from the payable check.)

Credit Card Account Number _____ Exp. date _____
_____ MasterCard _____ VISA _____ Sec. Code _____

Signature _____

Print Name _____

Please proceed to page 2. All information for each player is required.
To confirm your participation, fax to: The Actors' Network, **FAX: 818-509-0646**

Annual Hack n' Smack Golf Entry Form (page 2)

Sponsorship Contact Name: _____

Phone#: _____ Email: _____

Name (player #1) _____

Company Name _____ Daytime Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____

Shirt Size _____ Handicap/Index _____ Email _____

Name (player #2) _____

Company Name _____ Daytime Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____

Shirt Size _____ Handicap/Index _____ Email _____

Name (player #3) _____

Company Name _____ Daytime Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____

Shirt Size _____ Handicap/Index _____ Email _____

Name (player #4) _____

Company Name _____ Daytime Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____

Shirt Size _____ Handicap/Index _____ Email _____

(Please photocopy or request additional player information forms if needed.)

Please return this form (at least one week before the Tournament) to:

The Actors' Network, C/o Hack n' Smack, Kerry Daveline Memorial Golf Classic
11684 Ventura Blvd. - #757, Studio City, CA 91604

Phone (818) 509-1010, FAX: 818-509-0646, info@hacknsmack.org

This organization is tax exempt under section 501 (c) (3) of the Internal Revenue Code
EIN: 76-0514428, Social Services Event Permit #: L1219 – City of Los Angeles

For additional inquiries or tournament questions, please contact our Event Coordinator, Jenn Wilson,
818-433-8143 or Mia Daveline, Committee Chair at (818) 788-6800. Email: info@hacknsmack.org