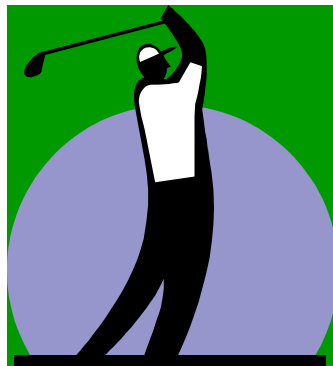


2nd Annual
Docs CARE

**Best Ball
SCRAMBLE**

Friday, April 23, 2010
Mission Inn
Howie-in-the-Hills

*Sponsor
Packet*



2nd Annual
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Friday, April 23, 2010
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Howie-in-the-Hills

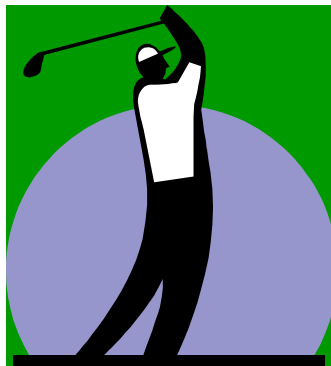
Purpose

Lake-Sumter Medical Society and *We Care of Lake County* are hosting their Second Annual Doc's Care Golf Tournament to raise funds to support the work of each of these non-profit organizations.

Lake-Sumter Medical Society is a membership organization that supports, advocates and champions organized medicine. Members, Medical Doctors and Doctors of Osteopathy who practice in Lake and/or Sumter Counties, enjoy the benefits of this grass-roots organization which offers education, networking, involvement, marketing and personal assistance for practice management.

We Care of Lake County, the humanitarian organization started by the Lake-Sumter Medical Society, provides the connection between uninsured residents of Lake County with a volunteer specialty physician.

Lake-Sumter Medical Society and We Care of Lake County are grateful for your support.



2nd Annual
Docs CARE Best Ball Scramble

Fact Sheet

Charity : Lake Sumter Medical Society and We Care of Lake County

Host Course / Contact: Mission Inn Resort & Club, Director of Golf: John Viera, Jr.
(352) 324-3101

Course Statistics: Las Colinas, voted by 2008-2009 Golf Digest "Best places to play - 4 star", was nominated as "Best New Resort Course" by Golf Digest in 1992, and was a recipient of the "Top FairWays" recognition by Golf for Women. Its wide-open fairways and gentle rolling hills create an inland links design. Greens are large and undulating, while the course's classic old architecture style demands proper shot placement. The signature par 5, 12th hole "Alligator Alley," spans 493 yards along one of the tree-lined fairways, requiring absolute accuracy from tee to green.

Event Date: Friday, April 23, 2010

Schedule of Events:

11:00 Registration & Putting Contest

1:00 Shotgun Tee Time

Closest to the Pin Contest & Longest Drive Contest - ongoing on course

6:00 Cocktails & hors d'oeuvres

6:30 Casual dinner and awards ceremony

Admission: \$100 per person

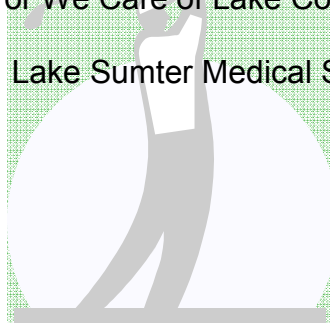
\$400 per foursome

Early bird special: \$350/foursome before March 26, 2010

Entry forms may be picked up at Mission Inn Resort & Club, the offices of the Lake Sumter Medical Society or We Care of Lake County or by visiting www.lakesumter.org to download an application.

Sponsorship information may be obtained from any Board member, the Lake Sumter Medical Society, (352) 483-4748 or We Care of Lake County, (352) 742-6595.

Please make checks payable to: Lake Sumter Medical Society



SPONSORSHIP LEVELS

Raising the funds needed to run a first-class professional event is critical to the success (and fun) of the tournament. We are grateful to our sponsors who recognize the intrinsic value of spending their marketing dollars on community endeavors. All sponsorship levels include company name and logo in all event promotional materials, and will be recognized on the Lake-Sumter Medical Society website.

Presenting Sponsor \$5,000

Corporate recognition in the program
 Banners with company logos in up to five locations on course
 Product display if applicable
 Three complimentary foursomes
 Event will be promoted with local media (TV, Radio and Print).
 Official sponsor signs at 1st tee

Platinum Sponsorship \$4,000

Corporate recognition in the program
 Company logo banners in up to three locations
 Two complimentary foursomes

Gold Sponsorship \$3,000

Corporate recognition in the program
 Company logo banners in up to three locations
 One complimentary foursome

Hole-in-One Sponsorship..... \$2000

One complimentary foursome; Company logo banner at warm-up driving range

Golf Cart Sponsorship..... \$2,500

One complimentary foursome; Signage on all golf carts

Luncheon Sponsorship..... \$2,500

One complimentary foursome; Banner with company logo at driving range where participants warm up

Putting Contest Sponsorship..... \$1,500

One complimentary foursome; Banners with company logo at practice putting green

Longest Drive Sponsorship..... \$ 1,000

One complimentary foursome; Banner with company logo at hole location where participants will compete

Closest to the Pin Sponsorship..... \$1,000

One complimentary foursome; Banner with company logo at hole location where participants will compete

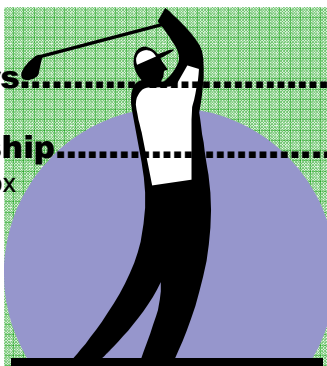
“Friends of LSMS & We Care”

Birdie Sponsor.....\$ 500

Eagle Sponsors.....\$ 250

Hole Sponsorship.....\$100

Signage at the tee box



2nd Annual
Docs CARE

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SCRAMBLE**

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Mission Inn
Howie-in-the-Hills

SPONSOR COMMITMENT

Lake Sumter Medical Society and We Care of Lake County

gratefully accept a _____ Sponsorship from

_____ at a cost of

\$ _____.

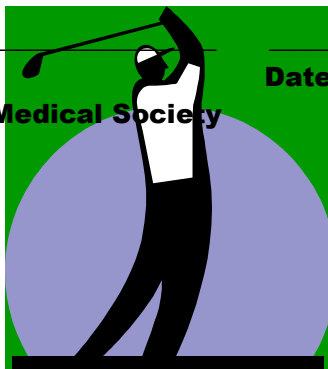
Name

Date

Name

Date

**Representing Lake Sumter Medical Society
Or We Care of Lake County**



2nd Annual

Docs CARE Best Ball Scramble

Official Application

Mission Inn Resort & Club, Friday, April 23, 2010

Registration starting at 11:00 a.m.

Shotgun Tee Time, 1:00 p.m.

Entry Fee: \$400 per Team or \$100 a person

Make Checks to: Lake Sumter Medical Society

Mail Form and Entry fees: Lake Sumter Medical Society, P. O. Box 1578, Mount Dora, FL 32756

Format: A best ball scramble format will be played. The best drive of the group will be selected. From this point all players will complete the hole with their own ball. 50% of handicaps will be used. One low net and one low gross will make up the team score.

Applications will not be accepted without payment. Early bird deadline March 26, 2010.

Entry deadline is April 12, 2010.

Golf attire required. Shirts must have a collar and no denim/blue jeans allowed.

Sponsor Team Name: _____ Team Captain

Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Home Course & Phone # _____ Handicap _____

Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Home Course & Phone # _____ Handicap _____

Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Home Course & Phone # _____ Handicap _____

Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Home Course & Phone # _____ Handicap _____

Tournament Committee will review all handicaps and adjust if necessary.

I understand and agree that if, in the judgment of the Tournament Director, or his designee, adverse weather conditions or other occurrence or conditions beyond the control of the sponsor of the event, the event may be canceled, as deemed appropriate by the organizers; and, the sponsors will have no obligation to refund any portion of the entry fee remitted herewith by reason of any such cancellation.

Team Captain Signature: _____ Date: _____

