



Yes, _____ company,
would like to support The Dragonfly Foundation by
sponsoring or donating (circle one) to The Dragonfly
Foundation Golf Classic at the _____ level.

PLEASE REGISTER ONLINE:

www.Dragonfly.org/Golf

fax to: 513/621-3084,

or mail registration to:

The Dragonfly Foundation,

9275 Governors Way, Cincinnati, OH 45249

MAKE CHECKS PAYABLE TO:

The Dragonfly Foundation.

Enclosed is my check in the amount of

\$ _____ Check number _____

Please bill my credit card (circle):

Visa MasterCard AmEx

Name _____

Phone Number _____

Card# _____

Expiration _____ CCV code _____

Signature _____

Zip Code _____

The Dragonfly Foundation holds a unique place in the
landscape of non-profit organizations. We call this

The Dragonfly Difference:

- >|< We serve young cancer and bone marrow transplant patients and their families. Eligible patients range in age from birth to age 30, and remain Dragonflies from their date of diagnosis until they are at least five years past treatment/BMT. We understand that even though treatment may end, the post-traumatic stress of treatment, the challenges of side effects from treatment and the anxiety of side effects and recurrence continue to challenge families for years to come.
- >|< We support Dragonflies while the patients are in hospital and at home — for the duration of their term with The Dragonfly Foundation.
- >|< We support partner hospitals financially and with programmatic enhancements. We have been credited with dramatically impacting patient care.
- >|< We provide multiple, ongoing event opportunities, as well as provide caring distractions, gifts and entertainment, and community connections. The patients, as well as their siblings/offspring and parents/caregivers experience isolation, loneliness, fear and anxiety related to the diagnosis and treatment of and/or recovery from cancer or a bone marrow transplant.
- >|< In many cases, the fundamental needs of a family are left to one organization and quality-of-life support to another. TDF provides comprehensive caring, community, and support that ways that result in better emotional health.

We understand that time is of the essence; many of the patients we serve may not have a tomorrow. That's why we make patients and families smile. Every single day.



*Bringing Comfort and
Joy to Kids and Young
Adults with Cancer*

**THE 2016
DRAGONFLY GOLF CLASSIC**
presented by The Elam Family

**BENEFITTING THE
DRAGONFLY FOUNDATION**

MONDAY, MAY 16, 2016

AT THE WORLD-CLASS
HERITAGE CLUB GOLF COURSE
MASON, OH



WITH SPECIAL GUEST
700WLW HOST SCOTT SLOAN

WHEN: Monday, May 16, 2016

WHERE: Heritage Club Golf Course
6690 Heritage Club Drive
Mason, OH 45040
(513) 459-7711

PRICE: Includes Lunch, Golf Fees, Cart,
Dinner/Awards Banquet
Foursome: \$1,100
Single Player: \$285
Dinner, Silent Auction,
Awards Banquet: \$65/pp

MULLIGANS: \$10 ea./3 for \$25
(limit 3 per player)

DRESS CODE: Golf Shorts or Long Pants
(No Denim or Cargo Shorts),
Collared Shirts



SCHEDULE OF EVENTS

10:00 a.m. - 11:30 a.m.	Registration
11:00 a.m. - 11:50 a.m.	Lunch & Auction
11:50 p.m. - 12:00 p.m.	Announcements & Tournament Rules
12:00 p.m.	Shot Gun Start
4:45 - 6:00 p.m.	Refreshments & Auction
6:00 p.m.	Dinner/Awards Banquet

SPONSORSHIP BENEFITS

Receipt of Sponsorship Money Due: May 1, 2016

TOURNAMENT SPONSOR (\$10,000)

DRINK CART SPONSOR (\$2,000)

DRAGONFLY FOUNDATION HERO (\$5,000)

DRINK STATION (\$500)

MISSION SPONSOR (\$2,500)

HOLE OR SANDTRAP SPONSOR (\$250)

For detailed information about sponsorship benefits, please visit Dragonfly.org/Golf.

TOURNAMENT SPONSORS

PRESENTING SPONSOR:

THE ELAM FAMILY

FOUNDATION HERO ▶



MISSION SPONSORS ▶



REGISTRATION

INDIVIDUAL/FOURSOME

To register or to purchase sponsorship,
please visit www.Dragonfly.org/Golf or fax this form to
513/621-3084, or mail registration to:
The Dragonfly Foundation, 9275 Governors Way,
Cincinnati, OH 45249 (Note: Golf Tournament)

Player 1: Mulligans _____

Player Name _____

Company _____

Work Phone _____

Mobile _____

Email _____

Player 2: Mulligans _____

Player Name _____

Company _____

Work Phone _____

Mobile _____

Email _____

Player 3: Mulligans _____

Player Name _____

Company _____

Work Phone _____

Mobile _____

Email _____

Player 4: Mulligans _____

Player Name _____

Company _____

Work Phone _____

Mobile _____

Email _____

I am unable to participate, however, please accept my tax-deductible donation of \$ _____ .

Please have someone contact me with more information about The Dragonfly Foundation.