

## GOLF TOURNAMENT SPONSORSHIP OPPORTUNITY FORM

Please complete this form and fax to: 705-670-1200

or mail to:

Golf for a Cure

PO Box 4272

Lively ON P3Y 1N3

Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Please register me for the following sponsorship(s):

- |   |          |                          |
|---|----------|--------------------------|
| 1. Premier Sponsorship                                | \$10,000 | <input type="checkbox"/> |
| 2. Key Tournament Sponsor                             | \$2,000  | <input type="checkbox"/> |
| 3. Hole Sponsor                                       | \$1,000  | <input type="checkbox"/> |
| 4. Championship Team Prize Sponsor                    | \$600    | <input type="checkbox"/> |
| 5. Cart Sponsor                                       | \$500    | <input type="checkbox"/> |
| 6. Hole-in-one Sponsor                                | \$500    | <input type="checkbox"/> |
| 7. Golfers <input type="checkbox"/> Gift Pack Sponsor | \$400    | <input type="checkbox"/> |

8. I will donate the following prize to the tournament:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_