

Schedule of Events

6:30 am Registration (Group 1) and Breakfast
 7:30 am Group 1 Tee Time; Shotgun Start (*Maximum 40 Players*)
 11:30 am – 1:00 pm Registration (Group 2), Lunch (Groups 1 and 2) and Live Auction
 1:30 pm Group 2 Tee Time; Shotgun Start (*Maximum 120 Players*)
 5:30 pm Cocktail Reception and Car Barn

Sponsor Information

Company _____
 Contact Name _____
 Address _____ City _____ State _____ ZIP _____
 Phone () _____ Cell () _____ Email _____ @ _____

I want to sponsor the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Title Sponsor \$25,000
Two complimentary foursomes | <input type="checkbox"/> Event Signage Sponsor \$20,000
Two complimentary foursome | <input type="checkbox"/> Eagle Sponsors \$15,000
One complimentary foursome |
| <input type="checkbox"/> Tent Sponsor \$15,000
One complimentary foursome | <input type="checkbox"/> Birdie Sponsors \$10,000
Two complimentary players | <input type="checkbox"/> Lunch Sponsor \$10,000
Two complimentary players |
| <input type="checkbox"/> Clubhouse Sponsor \$7,500 | <input type="checkbox"/> Oasis Sponsor \$7,500 | <input type="checkbox"/> Golf Cart Sponsor \$7,500 |
| <input type="checkbox"/> Reception Sponsor \$3,000 | <input type="checkbox"/> Car Barn Sponsor \$5,000 | <input type="checkbox"/> Breakfast Sponsor \$5,000 |
| <input type="checkbox"/> "Rob's Drive" Sponsor \$5,000 | <input type="checkbox"/> Refreshment Sponsor \$5,000 | <input type="checkbox"/> Entrance Sponsor \$3,000 |
| <input type="checkbox"/> "Sponsor's Gift" Wheel \$3,000 | <input type="checkbox"/> Hole Sponsor Level 2 \$2,500 | <input type="checkbox"/> Hole Sponsor Level 1 \$1,500 |
| <input type="checkbox"/> Putting Green Sponsors \$1,000 | | |

Player Information

Number of players _____ (\$500 per player)
 * Please note individual players/pairs will be matched to complete a foursome unless you indicate player preference.
I would like to golf: Morning Session (6:30-11:30 a.m.) Afternoon Session (1:30-5:30 p.m.)
 You will be notified of your assigned golf time. Based upon availability.

PLAYER 1

Name _____
 Company _____
 Address _____
 City _____ State _____ ZIP _____
 Tel _____ Cell _____
 Email _____ @ _____

PLAYER 2

Name _____
 Company _____
 Address _____
 City _____ State _____ ZIP _____
 Tel _____ Cell _____
 Email _____ @ _____

PLAYER 3

Name _____
 Company _____
 Address _____
 City _____ State _____ ZIP _____
 Tel _____ Cell _____
 Email _____ @ _____

PLAYER 4

Name _____
 Company _____
 Address _____
 City _____ State _____ ZIP _____
 Tel _____ Cell _____
 Email _____ @ _____

PAYMENT OPTIONS:

Total Sponsorship \$ _____ Total Players \$ _____
 I'm unable to participate this year, but I want to assist DMACC students. I've enclosed a tax-deductible donation for:
 \$10,000 \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 \$ _____
TOTAL amount enclosed \$ _____

- Enclosed is my check made payable to DMACC Foundation.
 Please invoice me. Month to be invoiced _____
 Please contact me at _____ so I can provide a member of the Foundation staff with my credit card information.