

Sponsor Opportunities:

■ Event Sponsor - \$5,000

Name/logo on welcome banner. Recognition during award ceremony, plus opportunity to speak about your business. Opportunity to distribute promotional items to golf participants. Recognition on sponsorship sign, hole sponsor, and recognition on social media. 4-person golf team and meals included. 20 extra drink tickets included.

■ Par 3 Sponsor- \$3,000

Recognition on sponsorship sign, hole sponsor, and recognition on social media. 2 paid golf fees and meals included. 16 extra drink tickets included.

□ Dinner Sponsor - \$2,000

Recognition on banner and signage inside the clubhouse. Hole sponsor and recognition on social media. 12 drink tickets included.

□ Lunch Sponsor- \$1,500

Recognition on signage at lunch stations. Hole sponsor and recognition on social media. 10 drink tickets included.

□ Beverage Sponsor- \$1,000

Recognition decal on beverage cart. Distribution of koozies (if supplied by sponsor). Hole sponsor and recognition on social media. 6 drink tickets included.

Commitment deadline is August 26, 2024

□ Oasis Sponsor- \$500

Opportunity to be present on the course offering player giveaways, snacks, or a game with a chance to win prizes. Signage at hole. Recognition on social media. 4 drink tickets included.

□ Contest Sponsor- \$350

Sponsor name and logo placed at contest site. Recognition on social media.

■ Hole Sponsor- \$300

Sign with company name on one of 18 holes. Recognition on social media.

■ In-Kind Donation- \$ _____value

Prizes for event contests/games, silent auction items, and/or promotional items. Examples: gift certificates/cards, large and small prize items, gift baskets, golf tees/balls/towels, ink pens, etc.

General Donation- \$ _____

Please Note:

*All sponsorship levels include recognition on Aspire Rural Health System Foundation website. Sponsorships received are considered donations to our fundraiser and are NON-REFUNDABLE.

*Please fill out the golf registration on the reverse side if your sponsorship includes a golf team.

Payment Information: Please identify exactly how you would like your company name to appear for recognition purposes. Please charge my credit card in the amount of \$ Company Name: _____ ☐ Personal credit card (or) Contact Name/Title: _____ ■ Business credit card ■ Visa® To make payment by ■ Mastercard® phone, please call City: _____ Zip: _____ ■ Discover® 989-635-4011. Phone: ______ Fax: _____ Card Holder Name: Email Address: Card Number: Expiration Date: ______ V-Code: _____ ☐ My check payable to Aspire Rural health System Foundation is enclosed. ☐ Please send me an invoice. Signature:

Registration: 8 a.m. | Shotgun start: 9:30 a.m. Register early! Limited to first 36 teams registered.

Pricing:

- > \$150 for individual golfer.
- > \$500 for corporate foursome*.
 - *Includes Hole Sponsorship (represents a \$200+ savings).
- > \$25 extra dinner guest.

For more information call 989-635-4011

Email player changes to Brooke Mallory at bmallory@aspirerhs.org

Entry Fee Includes:

- > 18 holes of golf and cart on day of event.
- > Coffee and donuts in the morning.
- ➤ Hot dogs with condiments at the turn.
- 2 beverage tickets per golfer.

Expiration Date: V-Code:

- Gourmet chicken dinner and awards.
- > Prizes for division winners.

*NOTE: Team payments received are considered donations to our fundraiser and are NON-REFUNDABLE.

ream/Player information.		
Please designate a team division: Men	■ Women	■ Mixed (Men/Women)
TEAM CAPTAIN - PLAYER #1		PLAYER #3
Name:	Name:	
Address:		
City: State: Zip:	City:	State:Zip:
Phone:Email:	Phone:Email:	
Staying for Dinner/Awards:	Staying for Dinner/Awards:	☐ Yes ☐ No
PLAYER #2	PLAYER #4	
Name:	Name:	
Address:	Address:	
City: State: Zip:	City:	State:Zip:
Phone:Email:	Phone:	Email:
Staying for Dinner/Awards:	Staying for Dinner/Awards:	☐ Yes ☐ No
Payment Information:	Please charge my credit on Personal credit card (o	
*NOTE: Payment is required to reserve your spot.	■ Business credit card	,
□ Individual golfer \$150 □ Corporate foursome \$500 □ Extra dinner guest \$25 (please specify number)	□ Visa® □ Mastercard® □ Discover®	To make payment by phone, please call 989-635-4011.
	Card Holder Name:	
My check payable to Aspire Rural Health System Foundation is enclosed.	Card Number:	

Signature:

Mail to Aspire Rural Health System Foundation, 4675 Hill Street, Cass City, MI 48726