



ST. PAUL KNIGHTS OF COLUMBUS ANNUAL CHARITY GOLF TOURNAMENT

2024 SPONSOR REGISTRATION

TOURNAMENT DATE: THURSDAY, SEPT 26, 2024

Please indicate your selected sponsorship(s) and complete all information

Send this form and your payment no later than Sept. 20, 2024 to the address provided below

For questions or additional info, contact Jim Marmion (336) 707-6118 or fjmarmion@gmail.com

CONTACT INFORMATION

Let us know who to contact and how to reach you

Contact Name: _____

Phone: _____

Email: _____

Billing Address:

Street: _____

City: _____

State: _____ Zip Code: _____

SIGNAGE INFORMATION

Tell us what you would like on your sign

Business Name: _____

Website: _____

Other: _____

Include Logo: YES NO

If yes, email your logo to fjmarmion@gmail.com

High resolution files in jpg, jpeg, or png formats

will print more clearly and give best visibility.

SPONSORSHIP SELECTIONS

Platinum Sponsorship \$1,000.00

Includes 4 players, your company name & logo at the clubhouse, promotional message at the awards ceremony, your promotional items given to all players.

Gold Sponsorship \$650.00

Includes 2 players, your name & logo at tournament start location, promotional message at the awards ceremony, your promotional items given to all players.

\$10K Challenge Sponsorship \$500.00

Includes your name & logo at the \$10,000 Challenge location, promotional message at the awards ceremony, your promotional items given to all players.

Golf Ball Sponsorship \$500.00

Includes your name / logo imprinted on golf balls given to all players, name & logo at clubhouse, promotional mention at the awards ceremony.

Silver Sponsorships \$300.00 each

<u>Sponsorship Selection</u>	<u>Quantity</u>
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Beverage Cart Sponsorship _____

Hole Sponsorship _____

Closest-To-Pin Sponsorship _____

Each Silver Sponsorship includes your name & logo at the sponsored location, promotional mention at the awards ceremony, your promotional items given to all players.

RECORD OF SPONSORSHIP PAYMENT

Contact Name: _____ Business Name: _____

Sponsorship(s) Purchased: _____ Amount Paid: \$ _____

Payment Date: _____ Paid by: Credit Card Check - Check Number: _____

THANK YOU FOR YOUR SUPPORT!

Please send sponsor form and payment no later than September 20, 2024 to:
St. Paul Knights Council 13236, 2715 Horse Pen Creek Rd., Greensboro, NC 27410

Remove (cut or tear off) this section for your records