

# Third Annual Charity Golf Tournament

## Sponsorship Participation Form

Please complete all the information below

Company or individual: \_\_\_\_\_

Street, City, State, Zip: \_\_\_\_\_

Authorized Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

SPONSORSHIP LEVEL : (See attached for description)

_____ Tournament Title Sponsor	\$5,000
_____ Supporter Level Sponsor	\$4,000
_____ Friend Level Sponsor	\$3,000
_____ Breakfast Sponsor	\$2,000
_____ Lunch Sponsor	\$2,000
_____ Beverage and Bar Sponsor	\$1,500
_____ Putting Green	\$1,500
_____ Practice Range	\$1,500
_____ 3-Hole Sponsorship	\$1,000
_____ Contests (3 Available at \$750 each)	\$750
_____ 1-Hole Sponsor (18 Available at \$400)	\$400
_____ Golf Cart Sponsor (open at \$250 each)	\$250

**Please email this completed form to [ghparra@arsofla.org](mailto:ghparra@arsofla.org) or [obapsfl@obap.org](mailto:obapsfl@obap.org)**, along with a high quality picture file of your logo and an award letter on your letterhead. Please include a poster, brochure or other promotional material representing your donation. Keep one copy of this form for your records.

For more information, please contact: Gabriel Parra, (ARC of South Florida) at 305-282-7699 or Edwin Garcia (OBAP) at 305-305-7378