

SCHEDULE

- 6:30 am Registration & Breakfast
- 8:00 am Shotgun Star
- 1:00 pm Awards Luncheon & Reception



TOURNAMENT SPONSORSHIPS

☐ DOUBLE EAGLE SPONSOR* - \$25,000

- Two foursome teams & two hole sponsorships
- Priority choice of Tournament or Membership Course
- Company promotional item in gift bag and branded giveaway
- Opportunity to promote company on course

☐ EAGLE SPONSOR* - \$15,000

- One foursome team & one hole sponsorship
- Priority choice of Tournament or Membership Course
- Company promotional item in gift bag and branded giveaway
- Opportunity to promote company on course

☐ MERCHANDISE SPONSOR* - \$7,500

- One foursome team
- Priority choice of Tournament or Membership Course
- Signage in merchandise area
- Company promotional item in gift bag

☐ BIRDIE SPONSOR* - \$5,000

- One foursome team & one hole sponsorship
- Priority choice of Tournament or Membership Course
- Company promotional item in gift bag

☐ BREAKFAST SPONSOR* - \$5,000

- Signage at breakfast & invitation for four to attend
- Recognition at awards luncheon
- Company promotional item in gift bag
- Recognition on website & newsletter

☐ LUNCHEON SPONSOR* - \$5,000

- Signage at awards luncheon & invitation for four to attend
- Company promotional item in gift bag
- Recognition on website & newsletter

☐ MORNING COCKTAIL SPONSOR* - \$3,500

- Recognition at awards luncheon
- Company promotional item in gift bag
- Signage on bar during breakfast
- Logo beverage napkins at bar
- Recognition on website & newsletter

☐ CART SPONSOR* - \$3,500

- Printed first list for each golf cart
- Company promotional item in gift bag

☐ 19TH HOLE SPONSOR* - \$3,500

- Recognition at awards luncheon
- Company promotional item in gift bag
- Signage on bar
- Logo beverage napkins at bar
- Recognition on website & newsletter

☐ HOSPITALITY STATION SPONSOR - \$3,000

- Recognition at awards luncheon
- Signage at hospitality station
- Option to sit with GCOH staff at hospitality station
- Recognition on website & newsletter

☐ HOLE-IN-ONE SPONSOR - \$2,500

- Two player spots & one hole sponsorship
- Company promotional item in gift bag
- Opportunity to promote company at contest hole

☐ CLOSEST TO THE PIN SPONSOR* - \$2,500

- Two player spots
- Signage at contest hole
- Opportunity to promote company at contest hole
- Opportunity to present award at luncheon

☐ LONGEST DRIVE SPONSOR* - \$2,500

- Two player spots
- Signage at contest hole
- Opportunity to promote company at contest hole
- Opportunity to present award at luncheon

☐ DRIVING RANGE SPONSOR - \$400

- Signage at driving range

☐ PUTTING GREEN SPONSOR - \$400

- Signage at putting green

☐ HOLE & PIN FLAG SPONSOR - \$400

- Signage at tee box & pin flag

☐ HOLE SPONSOR - \$300

- Signage at tee box

**This Sponsorship Includes: golf carts & caddies; gift bag for each participant; breakfast; post-tournament reception & lunch; recognition on website and in newsletter.*

♦Limited sponsorships are available.

Fair market value for goods and services is \$290/player; hole sponsor is \$27.00, and pin flag sponsor is \$25.00.

Please submit team and player names and handicaps by October 16, 2023, to Brandi Thorpe at bthorpe@legacycommunityhealth.org.

TOURNAMENT TEAM & INDIVIDUAL PLAYER

☐ TEAM - \$2,200

\$1,800 Early Bird Price if registered by September 8, 2023

- One foursome
- Breakfast, lunch and post-tournament reception
- Gift bag for each team member

☐ INDIVIDUAL PLAYER - \$550

\$450 Early Bird Price if registered by September 8, 2023

- Breakfast, lunch and post-tournament reception
- Gift bag for each team member

Team Information

Team Name _____

Player 1: _____ Handicap _____

Player 2: _____ Ha _____

Player 3: _____ Handicap _____

Player 4: _____ Handicap _____

Individual Player Information

Name _____ Handicap _____

TOURNAMENT AWARDS LUNCHEON TICKETS

☐ I will not be playing in the tournament but would like to attend the Luncheon.

\$100 EACH - I WOULD LIKE _____ TICKETS

I WILL NOT BE ABLE TO PARTICIPATE

PLEASE ACCEPT MY GIFT OF \$ _____

PAYMENT INFORMATION

☐ Check enclosed Charge my: ☐ Visa ☐ MasterCard ☐ AMEX

Credit Card # _____ CVV _____ Exp _____
Code _____ Dat _____

Signature _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Make checks payable to Legacy Community Health and mail to Legacy Community Health

ATTN: Development Department | PO Box 66308 Houston, TX 77266-6308