THE 30TH ANNUAL

HOLY NAME GOLF CLASSIC

MONDAY, SEPTEMBER 15, 2025



REGISTRATION FORM

SP	ONSORSHIP OPPORTUNITIES – Golfing	
	TOURNAMENT SPONSOR: 8 players, logo recognition in all marketing and signage	\$20,000
	"HOLY NAME" PRO SHOP SPONSOR: 8 players, major recognition	\$15,000
	DINNER SPONSOR: 8 players, special recognition	\$15,000
	COCKTAIL HOUR SPONSOR: 4 players, special recognition	\$12,500
	LUNCHEON SPONSOR: 4 players, special recognition	\$10,000
	LEADERBOARD AND SCORING SPONSOR: 4 players, electronic recognition	. \$9,000
	CART SPONSOR: 4 players, recognition on golf carts	. \$8,000
	BREAKFAST SPONSOR: 4 players, special recognition	. \$7,000
	CADDY SPONSOR: 4 players, your logo on golf hat of each caddy	\$6,000
	DRIVING RANGE SPONSOR: 4 players, recognition on driving range	\$6,000
	GOODY BAG SPONSOR: 2 players, your logo on all goody bags	\$5,000
	PUTTING GREEN SPONSOR: 2 players, recognition at hole	\$5,000
SP	ONSORSHIP OPPORTUNITIES – Non-Golfing	
	GOLF BALL SPONSOR: logo on all golf balls	. \$5,000
	REFRESHMENT STATION SPONSOR: recognition at refreshment holes	. \$3,500
	PUTTING CONTEST SPONSOR: recognition at hole and present at award ceremony	
	BALL DROP SPONSOR: contest and special recognition to take place at the Golf Dinner	
	EAGLE SPONSOR: recognition at both hole and a tee	
	HOLE OR TEE SPONSOR: recognition at hole or tee	
	"19 th HOLE" CONTRIBUTOR: recognition in HGC Club House	
RE	SERVATIONS (Please register early, we anticipate a full field.)	
Мо	orning – 7:30 AM Shotgun Start: Registration begins at 7:00 AM, includes buffet breakfast, lunch, and dinner	
	FOURSOME	. \$4.000
	INDIVIDUAL GOLFER: golfer(s)	
	I/We will return for dinner: # of reservations	
Aft	ternoon – 1:00 PM Shotgun Start: Registration begins at 11:00 AM, includes lunch and dinner	
	FOURSOME	. \$4,000
	INDIVIDUAL GOLFER: golfer(s)	
Dir	nner	
	6:30 PM POST-GOLF RECEPTION AND DINNER: dinner(s)	\$250
	I am unable to attend, but would like to make a gift. Gift amount: \$	
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ivie	ethod of Payment: Enclosed Check Payable to Holy Name Foundation Credit Card	
Nam	ne Professional Title Company Name	
Billin	ng Address	
Phon	ne Cell Email	
☐ V	risa Discover Mastercard AMEX Credit Card Number Exp. Date	
Nam	ne on Card (please print) Signature	