

HOLY NAME GOLF CLASSIC

MONDAY, SEPTEMBER 23, 2024



REGISTRATION FORM

SPONSORSHIP 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

SPONSORSHIP 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 \$3,000
- BALL DROP SPONSOR:** contest and special recognition to take place at the Golf Dinner \$2,500
- EAGLE SPONSOR:** recognition at both hole and a tee \$2,500
- HOLE OR TEE SPONSOR:** recognition at hole or tee \$1,500
- “19th HOLE” CONTRIBUTOR:** recognition in HGC Club House \$750

RESERVATIONS (Please register early, we anticipate a full field.)

Morning – 7:30 AM Shotgun Start: Registration begins at 7:00 AM, includes buffet breakfast, lunch, and dinner

- FOURSOME** \$4,000
- INDIVIDUAL GOLFER:** ___ golfer(s) \$1,000
- I/We will return for dinner:** # of reservations ___

Afternoon – 1:00 PM Shotgun Start: Registration begins at 11:00 AM, includes lunch and dinner

- FOURSOME** \$4,000
- INDIVIDUAL GOLFER:** ___ golfer(s) \$1,000

Dinner

- 6:30 PM POST-GOLF RECEPTION AND DINNER:** ___ dinner(s) \$250

DONATION ONLY

- I am unable to attend, but would like to make a gift. Gift amount: \$ _____

TOTAL \$ _____

Method of Payment: _____ Enclosed Check Payable to Holy Name Foundation

_____ Credit Card

Name _____ Professional Title _____ Company Name _____

Billing Address _____

Phone _____ Cell _____ Email _____

Visa Discover Mastercard AMEX Credit Card Number _____ Exp. Date _____

Name on Card (please print) _____ Signature _____