



Hole Sponsorship Form HBA 2017 Annual Golf Outing



Tuesday, July 11, 2017 at Hawk Hollow Golf Course - 9:00am Shotgun Start

Company Name: _____ Contact: _____
Address: _____ CSZ: _____
Phone: _____ Fax: _____ Email: _____

- _____ **Yes, I want to Beverage Cart Sponsor - ONLY 2 available - \$200 each**
- Includes a sign with your company name posted on the Beverage cart.
 - One employee from your company is allowed to ride in one (1) Beverage Cart with Hawk Hollow staff driving the cart. This gives you a chance to see all the golfers.

- _____ **Yes, I want to be a Hole in One Sponsor – ONLY 2 available - \$300 each (Hole 3 or Hole 12)**
- Includes a sign with your company name posted at the hole along with a table & 2 chairs
 - Two lunches delivered to your hole.
 - Must be present at the hole to witness \$10,000.00 cash prize.
 - Name printed on the Program, recognition in the Tool Box & signage on tables at the dinner.

- _____ **Yes, I want to be a Member Hole Sponsor - ONLY \$150 each (add \$25 if NOT attending Golf Outing)**
- If you are NOT attending the Golf Outing you will be charged an additional \$25.
 - Includes a sign with your company name at the hole.
 - Two lunches delivered to your hole. A table & 2 chairs will be provided upon request.
 - You MUST have someone represent your company at the hole you sponsor to get the \$150 rate.
 - Name printed on the program, recognition in the Tool Box & signage on tables at the dinner.

_____ **Yes, I want to make a monetary donation for Door Prizes in the amount of _____.**

_____ **Yes, I want to provide a Raffle Prize for the outing. My Raffle Prize will be _____.**

Signage is provided at the dinner and company is announced for all monetary and prize donations. Email Lacey your company logo in the following formats: psd or ai (Photoshop, Illustrator) High resolution .jpg (300dpi or better).

Non-refundable Payment Must Accompany Registration Form

Company Name: _____ Contact name: _____ Phone: _____

Check enclosed Charge my credit card for \$ _____ Visa MC AMEX

Card Number: _____ 3 digit number on back: _____ Exp. Date: _____ Zip Code: _____

Cardholders Name: _____ Signature: _____

Fax to: (517) 323-0390 or mail to: HBA 2937 Atrium Dr. Ste 201, Okemos, MI 48864 Questions?

Call Lacey at 323-3254 or email ltompson@hbalansing.com