

26th Annual Golf Tournament Wednesday, July 19th

Location: Salmon Creek Country Club 355 Washington St. Spencerport, NY 14559

Registration: 8am / Scramble Format Shot Gun Start: 10am / Dinner & Awards: 3:30pm

COMPANY (if applicable):

NAME:_

ADDRESS:___

CITY/STATE/ZIP:		
Email (for notifications):		
Credit Card # (if applicable):	Exp	
FOURSOME NAMES ADDRESS PH	IONE EMAIL	
1		
2		
3		
4		
Registration \$100	Payment Information: - Please make payment NO LATER than JULY I st (If we do not receive payment ,we may not be able to reserve your spot on the course) - Please make checks payable to: Supportive Care of Orleans - Return Registration Form to: Supportive Care of Orleans 14080 Rt. 31 W Albion, NY 14411	
Foursome Registration \$400 payment ,we may not be - Please make checks p		
Dinner Guest \$30 - Return Registration		
TOTAL ENCLOSED \$		
Sponsor Registratio	n	
Corporate Sponsor Presenting rights, a reserved table and special recognition, team of 4 players (depend availability), 3 hole signs, placemat sponsor, linked logo on event webpage.	lent upon \$2,000	
Major Sponsor A reserved dinner table, team of 4 players (dependent upon availability), 1 hole spon mat sponsor, linked logo on event webpage.	sor, place- \$1,000	
Team & Table Sponsor A reserved dinner table, Placemat Sponsor, Team of 4 Players (dependent on availability	\$750	
Cart Sponsor Organization name displayed on all golf carts.	\$500	
Special Hole Sponsor Organization name displayed on a sign will be placed on Special Hole (Special Holes include longest drive, closest to pin & 50/50 raffles)	\$250	
Hole Sponsor Organization name will be placed on a hole sign	\$125	
Placemat Sponsor Organization name displayed on all dinner placemats	\$75	
TOTAL ENCLOSED	\$	