

**LAKES REGION ASSOCIATION
ANNUAL HOSPITALITY GOLF TOURNAMENT
FRIDAY, MAY 29TH, 2009
AT WAUKEWAN GOLF CLUB
SPONSORSHIP**

HOLE IN ONE

\$1,000.00

- **18 HOLES OF GOLF WITH CART FOR 8**
- **SIGNAGE WITH COMPANY NAME AND LOGO DISPLAYED ON THE GOLF COURSE, GOLF CART AND IN THE BANQUET FACILITIES**
- **COMPANY NAME AND LOGO (TILE BANNER AD) DISPLAYED ON ASSOCIATION'S WEBSITE WITH A LINK TO YOUR SITE (3 MONTHS)**
- **GIFT BAGS, BOXED LUNCH UPON ARRIVAL, BARBEQUE DINNER WITH AWARDS AND RAFFLE PRIZES**

BIRDIE

\$500.00

- **18 HOLES OF GOLF WITH CART FOR 4**
- **SIGNAGE WITH COMPANY NAME AND LOGO DISPLAYED ON THE GOLF COURSE**
- **GIFT BAGS, BOXED LUNCH UPON ARRIVAL, BARBEQUE DINNER WITH AWARDS AND RAFFLE PRIZES**

PAR - TEAM SPONSOR

\$425.00

- **18 HOLES OF GOLF FOR 4**
- **GIFT BAGS, BOXED LUNCH UPON ARRIVAL, BARBEQUE DINNER WITH AWARDS AND RAFFLE PRIZES**

TEE

\$100.00

- **SIGNAGE WITH COMPANY NAME AND LOGO AT A TEE**

INDIVIDUAL

\$100.00

- **18 HOLES OF GOLF**
- **GIFT BAGS, BOXED LUNCH UPON ARRIVAL, BARBECUE DINNER WITH AWARDS AND RAFFLE PRIZES**

**2009
5TH ANNUAL LAKES REGION HOSPITALITY
GOLF TOURNAMENT
SPONSORSHIP AGREEMENT**

COMPANY NAME: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

CONTACT NAME: _____ E-MAIL ADDRESS: _____

TYPE OF SPONSORSHIP: _____ VALUE OF SPONSORSHIP: \$ _____

PAYMENT OF SPONSORSHIP:

_____ PRODUCT/SERVICES DONATED

_____ BILL THE ADDRESS SHOWN ABOVE

_____ ENCLOSED IS A CHECK IN THE AMOUNT OF \$ _____.

_____ CHARGE MY CREDIT CARD (COMPLETE INFORMATION BELOW)

_____ VISA _____ MASTERCARD _____ DISCOVER

CARD NUMBER: _____

EXPIRATION DATE: _____

NAME AS IT APPEARS ON THE CARD: _____

SIGNATURE: _____

AS A SPONSOR OF THIS EVENT, I UNDERSTAND MY FINANCIAL OBLIGATION AS STATED ABOVE. ALSO, TO RECEIVE THE APPROPRIATE SPONSORSHIP BENEFITS, I WILL SEND THE LAKES REGION ASSOCIATION A COMPANY LOGO BY THE INDICATED DUE DATE.

SIGNATURE

DATE

2009
5TH ANNUAL LAKES REGION HOSPITALITY
GOLF TOURNAMENT
AT WAUKEWAN GOLF CLUB IN MEREDITH, NH
FRIDAY, MAY 29TH 1:00 PM SHOT GUN

TEAM REGISTRATION

COMPANY NAME: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

CONTACT NAME: _____ E-MAIL ADDRESS: _____

TEAM REGISTRATION

\$425.00

- 18 HOLES OF GOLF FOR 4**
- BOXED LUNCH UPON ARRIVAL AND BARBEQUE DINNER WITH TEAM AWARDS**
- GIFT BAGS, CONTESTS AND RAFFLE PRIZES**

TEAM PARTICIPANTS (IF YOU HAVE THEM IN ADVANCE):

1. _____

2. _____

3. _____

4. _____

PAYMENT:

_____ ENCLOSED IS A CHECK IN THE AMOUNT OF \$ _____.

_____ CHARGE MY CREDIT CARD (COMPLETE INFORMATION BELOW)

_____ VISA _____ MASTERCARD _____ DISCOVER

CARD NUMBER: _____

EXPIRATION DATE: _____

NAME AS IT APPEARS ON THE CARD: _____

SIGNATURE: _____

