

SPONSOR & CONTACT INFORMATION

Sponsor _____

Address _____

City _____

State _____ ZIP _____

Contact Name _____

Phone _____

Email _____

SEND COMPLETED FORM & CHECK TO:

Burgess Foundation
1600 Diamond St.
Onawa, IA 51040

PRE-REGISTRATION RECOMMENDED

If you know team members now, please fill in the information below. If not, as soon as team members are determined, email the names to:

foundation@burgesshc.org

Golfer Names - MAPLETON - June 12, 2020

We will be a sponsor, but will not send a team.

1. _____
2. _____
3. _____
4. _____

Golfer Names - ONAWA - June 13, 2020

We will be a sponsor, but will not send a team.

1. _____
2. _____
3. _____
4. _____



BURGESS
Foundation

1600 Diamond Street
Onawa, Iowa 51040

(712) 423-9374

www.BurgessHC.org/Foundation



REGISTRATION & SPONSORSHIP INFORMATION

FRIDAY, JUNE 12, 2020

Mapleton

SATURDAY, JUNE 13, 2020

Onawa

Check-In
8:15 a.m.

Continental Breakfast
8:15 - 9:15 a.m.

Shot Gun
9:30 a.m.

SPONSOR NAME: _____

SPONSOR OPTIONS (carts not included) <input type="checkbox"/> <i>We will be a sponsor, but will not send a team.</i>	MAPLETON Friday, June 12 Signage this day 1 team this day	ONAWA Saturday, June 13 Signage this day 1 team this day	MAPLETON & ONAWA Signage BOTH days 1 team ONE day <input type="checkbox"/> Mapleton <input type="checkbox"/> Onawa	MAPLETON & ONAWA Signage BOTH days 1 team BOTH days	TOTAL
HOLE SPONSOR	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,450	\$ _____
TEE BOX SPONSOR	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$625	<input type="checkbox"/> \$825	\$ _____
GREEN SPONSOR	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$475	<input type="checkbox"/> \$675	\$ _____
TEAM SPONSOR (signage on golf cart)	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	Not Available	<input type="checkbox"/> \$450	\$ _____
INDIVIDUAL GOLFER (no signage)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	Not Available	<input type="checkbox"/> \$100	\$ _____
TEAM SUPER TICKET 12 raffle tickets \$28 beverage coupons \$20 skins game 1 individual mulligan per player, per 9 holes	\$100 per "super" ticket (\$135 value) Total \$ _____	\$100 per "super" ticket (\$135 value) Total \$ _____	\$100 per "super" ticket (\$135 value) Total \$ _____	\$200 per "super" ticket (1 "super" ticket per day) (\$270 value) Total \$ _____	\$ _____
TEAM TICKET 1 individual mulligan per player, per 9 holes \$12 beverage coupons	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	\$ _____
CARTS - \$45 each (not included in golfer fees) Must reserve carts by May 25	<input type="checkbox"/> # of carts _____ Total \$ _____	<input type="checkbox"/> # of carts _____ Total \$ _____	<input type="checkbox"/> # of carts _____ Total \$ _____	<input type="checkbox"/> # of carts (M) _____ (O) _____ Total \$ _____	\$ _____
CASH DONATION					\$ _____
TOTAL \$					_____

IN-KIND DONATION Burgess Foundation would appreciate any in-kind donations for flight and pin prizes.

We will be making an in-kind donation(s). Please choose an option below.

I will bring my in-kind donation to Burgess Health Center before Wednesday, May 27.

Have a Foundation representative contact this person for pick-up: name _____ phone # _____

Description of item(s) and the value(s): _____