Second Foursome
Name of Participant:
Address:
Talanhana
Telephone:
Name of Participant:
Address:
Telephone:
Alama of Dankinia anti
Name of Participant:
Address:
Telephone:
Name of Participant:
Address:
Telephone:

www.covenantharbor.org









For course information: www.hawksviewgolfclub.com



COVENANT HARBOR 1724 W. MAIN STREET

1/24 W. MAIN STREET LAKE GENEVA, WI 53147 262.248.3600

www.covenantharbor.org







► EVENT SPONSOR - \$10.000 <

- Two (2) golf foursomes
- "Event Sponsor" reference in all press releases
- Center spread ad in program book
- Editorial page in program book
- Logo on "Welcome Banner"
- Three (3) premium hole sponsorship

GOLF CART SPONSOR - \$5,000

- One (1) golf foursome
- Signage on hood and inside golf cart
- "Golf Cart Sponsor" reference in all press releases
- Inside front or back cover ad in program book
- Two (2) premium hole sponsorship

HOLE SPONSOR - \$2.500

- One (1) golf foursome
- Signage at one hole (tee box and green)
- 1/2 page ad in program book

>SUPPORT SPONSOR - \$1.500 ◀

- Two (2) golfers
- Either signage at one hole (tee or green) or signage for other support opportunities like driving range.
- 1/4 page ad in program book

\triangleright SEND A KID TO CAMP - \$650 \triangleleft

- One (1) golfer
- Mentioned in program book







SPONSORSHIP COMMITMENT

Sponsor Name (for signage):
Address:
City/State/Zip:
Contact Person:
Contact Telephone #: Email:
Sponsorship Level:
☐ Event Sponsor (\$10,000)
☐ Golf Cart Sponsor (\$5,000)
☐ Hole Sponsor (\$2,500)
☐ Support Sponsor (\$1,500)
☐ Send A Kid To Camp (\$650)
Enclosed is a check for \$ payable to Covenant Harbor (please indicate Golf for Kids on the memo line)
Please charge to: ☐ VISA ☐ MASTERCARD ☐ DISCOVER
Card Number:
Expiration Date: Security Code:
Signature of Responsible Party:
Print Name:
Mail has 1704 M. Main Church Labra Carrage M. 57147

Golf Sponsorship Foursome

Name of Participant:	
Address:	
City/State/Zip:	
Telephone:	Ema
Name of Participant:	
Address:	
City/State/Zip:	
Telephone:	Ema
Name of Parkiningurt	•••••
Name of Participant:	
Address:	
City/State/Zip:	
Telephone:	Ema
тегерпопе.	LIIIa
Name of Participant:	
Address:	
City/State/Zip:	
Telephone:	Ema

·MONDAY·

10:00-12:00 Registration & Buffet Lunch

Golf (Best Ball)

Dinner/Program

Mail to: 1724 W. Main Street, Lake Geneva, WI 53147 Fax: 262.248.3600