



## United Cerebral Palsy 20th Annual Golf Classic

Monday, June 6, 2016

### SPONSORSHIP FORM

☐ **Title Sponsor \$25,000**

- Two foursome entries with tee gift package for each player
- Sixteen (16) dinner tickets
- Corporate name integrated into event promotion
- One company banner and four course tee signs
- Recognition in the event Program, two page ad layout

☐ **Premiere Sponsor \$15,000**

- Two foursome entries with tee gift package for each player
- Sixteen (16) dinner tickets
- Your Choice of one In-Kind Sponsorship (Breakfast Sponsor, Foursome Photos, Lunch Sponsor) (Sponsor choice is subject to availability)
- One company banner and two course tee signs
- Recognition in the event Program, full page ad

☐ **Diamond Sponsor \$10,000**

- Six (6) player entries with tee gift package for each player
- Twelve (12) dinner tickets
- One company banner and one course tee sign
- Recognition in the event Program, full page ad

☐ **Platinum Sponsor \$6,000**

- Foursome entry with tee gift package for each player
- Eight (8) dinner tickets
- One company banner and two course tee signs
- Recognition in the event Program, full page ad

☐ **Gold Sponsor \$3,500**

- Two (2) player slots with tee gift package for each player
- Four (4) dinner tickets
- Two course tee signs
- Recognition in the event Program, full page ad

☐ **Silver Sponsor \$2,000**

- One player slot with tee gift package
- Two (2) dinner tickets
- One tee sign
- Recognition in the event Program, full page ad

☐ **I cannot participate, but please accept my donation of \$ \_\_\_\_\_**

☐ **Full Page Ad \$1,000**

☐ **Half Page Ad & Tee Sign \$750**

☐ **Tee Sign \$500**

☐ **12 Dozen Golf Balls with company or personal logo \$300**

☐ **Dinner Only \$100**

Enclosed is my check, in the amount of \$ \_\_\_\_\_

**Make Checks Payable to: United Cerebral Palsy**

Please bill my: ☐ Visa ☐ Master Card ☐ Amex Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

☐ **Please bill me**

Name \_\_\_\_\_ Signature \_\_\_\_\_

**Company Name, as you wish it to appear in print:** \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Send to: UCP Golf Classic, c/o Knock Out Productions, Inc.  
6449 Independence Avenue, Woodland Hills, CA 91367

For further information, call Terri O'Lear at [knockoutpr@aol.com](mailto:knockoutpr@aol.com) 888.552.1900. **Fax: 818.610.1177**

*Thank you for your generous support of United Cerebral Palsy. Los Angeles Information Card on file. Your contribution is tax-deductible as permitted by law.*

**UCP is a 501(C)3 non-profit organization - Federal Tax ID #95-1648203**



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### UNDERWRITING SPONSORSHIP OPPORTUNITIES

<input type="checkbox"/> Dinner Sponsor	\$10,000	<b>Benefits include:</b> Banner signage and four course tee signs Recognition by Master of Ceremonies at awards dinner Eight reservations for awards dinner reception • Full-page ad in the event Program.
<input type="checkbox"/> Tee Prize Sponsor	\$5,000	<b>Benefits include:</b>
<input type="checkbox"/> Awards Sponsor	\$5,000	Banner signage and two course tee signs • Eight reservations for awards dinner reception • Full-page ad in the event Program.
<input type="checkbox"/> Event Program Sponsor	\$5,000	
<input type="checkbox"/> Lunch Sponsor	\$3,000	<b>Benefits include:</b> Signage at Lunch sites • Four reservations for awards dinner reception • Full-page ad in the event Program.
<input type="checkbox"/> Cocktail Party Sponsor	\$3,000	
<input type="checkbox"/> Beverage/Snacks	\$2,500	<b>Benefits include:</b>
<input type="checkbox"/> Volunteer UCP Polo Shirts	\$2,500	Two course tee signs • Four reservations for awards dinner reception • Full-page ad in the event Program.
<input type="checkbox"/> Printing/Postage	\$2,500	
<input type="checkbox"/> Golf Cart	\$2,000	<b>Benefits include:</b>
<input type="checkbox"/> Dinner Wine	\$2,000	Two course tee signs • Two reservations for awards dinner reception • Full-page ad in the event Program.
<input type="checkbox"/> Volunteer Lunch	\$1,000	<b>Benefits include:</b>
<input type="checkbox"/> Entertainment	\$1,000	One course tee sign • Two reservations for awards dinner reception • Full-page ad in the event Program.
<input type="checkbox"/> Foursome Photos	\$1,000	
<input type="checkbox"/> Breakfast	\$1,000	

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Name \_\_\_\_\_ Signature \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Send to:

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c/o Knock Out Productions, Inc.

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## United Cerebral Palsy 20th Annual Golf Classic

### ADVERTISEMENT FORM

#### **Advertisements:**

Each guest at the UCP Golf Classic will receive an event Program to commemorate the UCP Golf Classic. The book will be printed in an 8" x 8" format. Advertising copy for the Program is requested in the form of congratulatory messages and/or formatted advertisements.

Please check appropriate box:

- ☐ Full Page (7" w x 7" h usable space) - \$1,000
- ☐ Half Page (7" w x 3.25" h usable space) - \$500
- ☐ Quarter Page (3.25" w x 3.25" h **Text only**) - \$250

**Orders and ad copy must be received by May 1, 2016, to ensure inclusion in the event Program.**

#### **ART SUBMISSION SPECS:**

**Color:** Black & White **Page Size:** 8" x 8" **Live Art Size:** 7" x 7" **Bleeds:** No Bleed **Binding:** Perfect Bound

Art may be sent using the following files: Adobe Acrobat PDF Document Settings, Adobe Photoshop, Adobe InDesign, Quark Xpress, and Adobe Illustrator. We are not able to accept the following programs: Microsoft Word, Microsoft Powerpoint, Microsoft Works and Microsoft Publisher.

For additional questions, please refer contact Terri O'Lear at 818.610.0300 or knockoutpr@aol.com.

**Please forward your message, if you would like us to create an ad for you.**

Commemorative Message:

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Enclosed is my check, in the amount of \$\_\_\_\_\_ Make Checks Payable to: United Cerebral Palsy

Please bill my: ☐ Visa ☐ Master Card ☐ Amex Card #\_\_\_\_\_ Exp. Date\_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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