

## 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 - August 28, 2020

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Golfer Names - ONAWA - August 29, 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](http://www.BurgessHC.org/Foundation)



## REGISTRATION & SPONSORSHIP INFORMATION

**FRIDAY, AUGUST 28, 2020**

Mapleton

**SATURDAY, AUGUST 29, 2020**

Onawa

Check-In  
8:15 a.m.

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

Shot Gun  
9:30 a.m.

**SPONSOR NAME:** \_\_\_\_\_

<b>SPONSOR OPTIONS</b> (carts not included) <input type="checkbox"/> <i>We will be a sponsor, but will not send a team.</i>	<b>MAPLETON</b> Friday, August 28 Signage this day 1 team this day	<b>ONAWA</b> Saturday, August 29 Signage this day 1 team this day	<b>MAPLETON &amp; ONAWA</b> Signage BOTH days 1 team ONE day <input type="checkbox"/> Mapleton <input type="checkbox"/> Onawa	<b>MAPLETON &amp; ONAWA</b> Signage BOTH days 1 team BOTH days	<b>TOTAL</b>
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					\$ _____
<b>TOTAL \$</b>					_____

**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, August 12.

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

Description of item(s) and the value(s): \_\_\_\_\_