

SPONSORSHIP AGREEMENT

Complete this form & fax to: 315-272-1698 –OR– donate online at: www.thearc.org, by **Monday, July 10, 2017**

Sponsorship Contribution Levels

PLATINUM PACKAGE - \$5,000

ONLY ONE PACKAGE AVAILABLE: **MAIN EVENT SPONSOR**

- Full-page advertisement in the program
- 2 foursomes for the tournament
- Exclusive private promotional banner
- Tee sign on the course
- Prime logo positioning on gifts
- Verbal recognition at awards' ceremony
- A private party catered by Swifty's Restaurant at your home, for up to 12 people

GOLD PACKAGE - \$2,500

- Full-page advertisement in the program
- 1 foursome for the tournament
- Logo placement on the sponsor banner
- Tee sign on the course
- Logo placement on gifts
- Verbal recognition at awards' ceremony
- A private party catered by Swifty's Restaurant at your home, for up to 6 people

SILVER PACKAGE \$1,250

- 1 foursome for the tournament
- Half page advertisement in the program
- Logo placement on the sponsor banner
- Tee sign on the course
- Verbal recognition at the awards' ceremony
- Lunch for 10 people delivered to your office

BRONZE PACKAGE - \$750

- 1 foursome for the tournament
- Tee sign on the course
- Logo placement on the sponsor banner
- Listed as a sponsor in the program book
- Verbal recognition at the awards' ceremony

Other Sponsorship Opportunities

DOES NOT
INCLUDE A TEAM

AT \$500 EACH:

- HOLE IN ONE Sponsor**
- LONGEST DRIVE Sponsor**
- CLOSEST TO THE PIN Sponsor**

THESE SPONSORS RECEIVE:

- A 2-x-6 foot banner
- Logo on event sponsor banner
- Verbal recognition at the awards ceremony

LUNCH SPONSOR - \$500

- Logo on sponsor banner
- Verbal recognition at awards' ceremony

[DOES NOT INCLUDE A TEAM]

COCKTAIL HOUR SPONSOR - \$500

- Listed in the program book
- Logo on sponsor banner
- Verbal recognition at awards' ceremony

[DOES NOT INCLUDE A TEAM]

PLEASE PRINT SPONSOR NAME EXACTLY AS YOU WISH IT TO BE LISTED ON EVENT MATERIAL AND PUBLICATIONS

Name: _____

Title: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone(s): _____

Fax: _____

Email: _____

Payment Options

Bill me (I understand I will be invoiced in July 2017)

Credit card (check one): MasterCard Visa

CARD NUMBER _____ CSV _____

EXPIRATION DATE _____ ZIP CODE _____

CARDHOLDER SIGNATURE _____

Check enclosed. Amount: \$ _____

(PLEASE MAKE PAYABLE TO: FRIENDS OF THE ARC FOUNDATION)

THANK YOU FOR YOUR SUPPORT!



For additional information, please call: 315-272-1529

Proceeds from this event directly benefit people with developmental disabilities in our local communities by supporting programs such as Children's Services, Early Intervention, Pre-K Screening, Guardianship, Summer Camp, and more.