



BOYS & GIRLS CLUB
OF GREATER ATLANTA

2017 MAADA ANNUAL CHARITY GOLF TOURNAMENT

THURSDAY, SEPTEMBER 21, 2017 | 10:00AM-5:00PM | TPC SUGARLOAF GOLF COURSE

BENEFACTOR AGREEMENT

PRESENTING SPONSOR \$10,000

- Corporate name listed on event-day agenda banner, website, and in rules book
- Corporate name and logo to be recognized at one of the 27 holes
- Logo on official Golf Event Shirt
- Pre Event Publicity
- Two teams (8 players)
- Golf Shirts
- Tournament Gift Package

HOLE SPONSOR \$5,000

- Corporate name listed on event-day agenda banner, website and in rules book
- Corporate name and logo to be recognized at one of the 27 holes
- One team (4 players)
- Golf Shirts
- Tournament Gift Package

TWO PLAYER SPONSOR \$2,500

- Registration for two players
- Golf Shirts
- Tournament Gift Package

INDIVIDUAL PLAYER \$1,250

- Golf Shirt
- Tournament Gift Package

I/We are unable to attend this year. Enclosed is a donation of \$ _____.

PREFERRED PROGRAM LISTING: _____

I/We wish to remain Anonymous.

PAYMENT OPTIONS

Check Visa MasterCard American Express Discover

*Please make check payable to The Salvation Army. **Return to:** P.O. Box 930188, Norcross, GA 30003-0188*

You may also call [404-486-2921](tel:404-486-2921) to make your credit card payment.

Name as it appears on card: _____

Card Number: _____ Exp Date: _____ Security Code: _____

Billing Address: _____

Signature: _____ Date: _____

Commitment must be received by **September 14, 2017** to ensure recognition in the annual event program.

Donations are non-refundable. Payment confirms sponsorship.

For more information, please call [404-486-2933](tel:404-486-2933) or e-mail Christina.Faine@uss.salvationarmy.org.

PLEASE RETURN THIS FORM WITH YOUR PAYMENT.



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Please complete the form below

Name _____		Company _____		
Address _____		City _____	State _____	Zip _____
Telephone Number _____	Fax Number _____	E-Mail Address _____		
Presenting Sponsor \$ 10,000 _____		Two Player Sponsor \$ 2,500 _____		
Hole Sponsor \$ 5,000 _____		Individual Player \$ 1,250 _____		
		TOTAL AMOUNT DUE \$ _____		

Notes: _____

Player One

Name _____

Company _____

Address _____

City, State, Zip _____

Day Phone/Day Fax _____

E-Mail Address _____ Golf Handicap* _____

Shirt Size _____

Player Two

Name _____

Company _____

Address _____

City, State, Zip _____

Day Phone/Day Fax _____

E-Mail Address _____ Golf Handicap* _____

Shirt Size _____

Player Three

Name _____

Company _____

Address _____

City, State, Zip _____

Day Phone Day Fax _____

E-Mail Address _____ Golf Handicap* _____

Shirt Size _____

Player Four

Name _____

Company _____

Address _____

City, State, Zip _____

Day Phone Day Fax _____

E-Mail Address _____ Golf Handicap* _____

Shirt Size _____

*If you do not have an established golf handicap, please include your last four scores on 18 holes.
DEADLINE FOR REGISTRATION AND PAYMENT IS: September 14, 2017