



4TH ANNUAL SPECIAL OLYMPICS/DSANV GOLF TOURNAMENT SPONSORSHIP COMMITMENT FORM



Company Name or Golfer: _____
(Please print company name as it should appear in printed materials)

Contact Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Participants

NAME: _____

NAME: _____

NAME: _____

NAME: _____

GOLF PARTICIPATION OPPORTUNITIES:

- _____ **\$10,000 Eagle Sponsor**
- Event Banner
 - Company logo on golf shirt
 - Name on tournament website
 - Designated sponsorship hole
 - Two (2) foursomes
 - Awards banquet recognition

- _____ **\$5,000 Birdie Sponsor**
- Event Banner
 - Name on tournament website
 - Designated sponsorship hole
 - One (1) foursome
 - Awards banquet recognition

- _____ **\$4,000 Awards Banquet Sponsor**
- One (1) foursome
 - Special recognition
 - Appreciation banner
 - Special remarks at banquet

- _____ **\$2,500 Breakfast Sponsor**
- One (1) foursome
 - Special recognition
 - Appreciation banner
 - Corporate name on all coffee cups

- _____ **\$1,500 Par Sponsor**
- Event Banner
 - Name on tournament website
 - One (1) foursome
 - Awards banquet recognition

- _____ **\$250 Individual Golf Participant**
- One (1) golf play spot and seat at Awards Banquet

VISIBILITY OPPORTUNITIES:

- _____ **\$2,500 Tournament Cart Sponsor**
- Name on all carts
 - Special recognition

- _____ **\$1,500 Beverage Cart Sponsor**
- Name on beverage carts
 - Special recognition

- _____ **\$1,000 Contest Hole Sponsor**
- Signage at one (1) contest hole

- _____ **\$500 Hole Sponsor**
- Signage at one (1) hole

- _____ **\$100 Awards Banquet Only**
- One (1) seat at Awards Banquet

Mail your completed form and payment to:

Ms. Suzanne Garwood
6016 2nd Street N.
Arlington, VA 22203

Please make all checks payable to the Down Syndrome Association of Northern Virginia