

Tournament Sponsorship Registration Form

TO INITIATE A SPONSORSHIP, COMPLETE THE FILLABLE FORM BELOW, PRINT, MAIL AND/OR EMAIL IT TO:

Curry Health Foundation PO Box 1274, Gold Beach OR 97444 Email: efoskett2@gmail.com

Payment can be made [ONLINE](#) and will be matched to this registration form, or you can mail a check with the form.

Sponsorship Levels - Golf "Fore" Health Tournament 2023

Albatross Sponsorship - \$2000 +

- Contributor name prominently displayed as an Albatross sponsor.
- Tournament fee paid for one team (four players)
- Personalized hole sign displayed at tee box or green.
- Space for small booth or pop-up to promote your business.
- Contributors name included in pre & post event recognition media

Eagle Sponsorship - \$500 to \$1,999

- Contributor name displayed as an Eagle sponsor.
- Personalized hole sign displayed at tee box or green.
- Space for small booth or pop-up to promote your business..
- Contributors name included in pre & post event recognition media

Birdie Sponsorship - \$250 to \$499

- Contributor name displayed as an Eagle sponsor.
- Personalized hole sign displayed at tee box or green.
- Contributors name included in pre & post event recognition media

Par Sponsorship - \$100 to \$249

- Contributor name displayed as an Eagle sponsor.
- Personalized hole sign displayed at tee box or green.
- Contributors name included in pre & post event recognition media.

Team or Player Sponsorship - \$100/player to \$400/team – Unspecified team sponsorships will fund invited players from local nonprofit partner organizations.

- Contributor name displayed as an Eagle sponsor.
- Personalized hole sign displayed at tee box or green.
- Contributors name included in pre & post event recognition media.

Your generosity is greatly appreciated. Funds from this event allow Curry Health Foundation to provide grants to our non-profit partner organizations enabling support of health, safety, and wellbeing projects. Thank You!

Sponsorship Level Selected: _____ Donation Amount: _____

Sponsoring Organization: _____

Mailing Address: _____ City/Zip/Zip: _____

Contact Name: _____ Phone: _____ Email: _____

PAYMENTS: [PAY ONLINE LINK](#), complete, print & mail document with check, or request an invoice.

ALBATROSS sponsors will be contacted prior to the tournament regarding their "TEAM Players"