

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 you mail or email to us. If paying by check mail a copy of the completed form and your check.

Sponsorship Levels - Golf "Fore" Health Tournament 2024

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 allows Curry Health Foundation to provide programs and grants which improve health, safety, and wellbeing of residents throughout Curry County. Thank You!

Sponsorship Level Selected: _____ Donation Amount: _____

Sponsoring Organization: _____

Mailing Address: _____ City/Zip/Zip: _____

Contact Name: _____ Phone: _____ Email: _____

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