

**SPONSORSHIP OPPORTUNITIES  
FOR BIRDIES FOR BLUE**

**5<sup>TH</sup> ANNUAL WAYNE GLOYER CHARITY GOLF TOURNAMENT**

▪ Thursday, September 30, 2021 ▪ High Meadow Ranch Golf Club



**SUPPORTING PROSTATE  
CANCER AWARENESS**

**TITLE SPONSOR - \$10,000**

- Four Golf Teams (16 Players) and 64 Mulligans
- Four Hole Sponsorships
- Cart Sponsorship (logo on Cart Cards)
- Company Spotlight at event
- Logo on advertisements and event banner
- Social media recognition

**GOLD SPONSOR - \$7,500 (2 Available)**

- Three Golf Teams (12 Players) and 48 Mulligans
- Three Hole Sponsorships
- Minor Company spotlight at event
- Cart Sponsorship (logo on Cart Cards)
- Logo on advertisements and event banner
- Social media recognition

**SILVER SPONSOR - \$5,000 (4 Available)**

- Two Golf Teams (8 Players) and 32 Mulligans
- Two Hole Sponsorships
- Company listed as sponsor in booklet
- Premier seating at Dining Events
- Logo on advertisements and event banner
- Social media recognition

**BRONZE SPONSOR - \$2,500 (6 Available)**

- One Golf Team (4 Players) and 16 Mulligans
- One Hole Sponsorship
- Company listed as sponsor in booklet
- Priority seating at Dining Events
- Logo on advertisements and event banner
- Social media recognition

**Dinner Sponsor - \$2,000**

**All Par 3's Sponsor - \$1,500**

**Awards Sponsor - \$1,500**

**Drinks Sponsor - \$1,500**

**Lunch Sponsor - \$1,000**

**Gift Sponsor - \$1,000**

**Foursome (Group) - \$600**

**Snack Sponsor - \$500**

**Beverage Cart Sponsor - \$500**

**Photography Sponsor - \$500**

**Hole in One Sponsor - \$500**

**T-Shirt Sponsor - \$2500**

**Hole Sponsor - \$250**

**Long Drive Sponsor - \$250**

**Super Raffle Sponsor - \$300**

**Putting Green Sponsor - \$250**

**Individual Registration - \$150**

**Lunch/ Dinner Ticket - \$40**

I am unable to attend but would like to support TOMAGWA with a gift of \$ \_\_\_\_\_

**PAYMENT/ REGISTRATION INFORMATION**

I would like to participate in the following:  Church Challenge  Community Challenge

Name/ Primary Contact: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Check enclosed made payable to TOMAGWA HealthCare Ministries.

Please charge my credit card in the amount of \$ \_\_\_\_\_

VISA  AMEX  Master Card  Discover

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVC: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_