

Swiftly's 2018

GOLF TOURNAMENT

TO BENEFIT
THE ARC ONEIDA-LEWIS
CHAPTER

MONDAY
JULY 23RD

SKENANDOA CLUB • 7105 NORTON AVE, CLINTON

SPONSORSHIP AGREEMENT

Complete this form and fax to: 315-272-1698 –OR– donate online by going to: thearcolc.org, no later than **Monday, July 9, 2018**

Sponsorship Contribution Levels

PLATINUM PACKAGE **\$5,000**

ONLY ONE PACKAGE AVAILABLE: **MAIN EVENT SPONSOR**

- Leading placement on the program
- Tee sign on the course
- 2 Foursomes for the tournament
- Prime logo positioning on gifts
- Exclusive promotional banner
- Verbal recognition at award ceremony

GOLD PACKAGE **\$3,000**

- 1 Foursome for the tournament
- Logo placement on the sponsor banner
- Prominent placement on the program
- Tee sign on the course
- Logo placement on gifts
- Verbal recognition at award ceremony

SILVER PACKAGE **\$1,500**

- 1 Foursome for the tournament
- Tee sign on the course
- Prominent placement on the program
- Verbal recognition at award ceremony
- Logo placement on the sponsor banner

BRONZE PACKAGE **\$1,000**

- 1 Foursome for the tournament
- Listed as a sponsor on the program
- Tee sign on the course
- Verbal recognition at award ceremony
- Logo placement on the sponsor banner

Other Sponsorship Opportunities DOES NOT INCLUDE A TEAM

AT \$500 EACH:

- HOLE IN ONE Sponsor (4 Available)
- LONGEST DRIVE Sponsor
- CLOSEST TO THE PIN Sponsor

THESE SPONSORS RECEIVE:

- A 2-x-6 foot banner
- Logo on event sponsor banner
- Verbal recognition at award ceremony

LUNCH SPONSOR - \$500

- Logo on sponsor banner
- Verbal recognition at award ceremony

[DOES NOT INCLUDE A TEAM]

COCKTAIL HOUR SPONSOR - \$500

- Listed on the program
- Logo on sponsor banner
- Verbal recognition at award ceremony

[DOES NOT INCLUDE A TEAM]

PLEASE PRINT SPONSOR NAME EXACTLY AS YOU WISH IT TO BE LISTED ON EVENT MATERIAL AND PUBLICATIONS

Name: _____

Title: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone(s): _____

Fax: _____

Email: _____

Payment Options

Bill me (I understand I will be invoiced in July 2018)

Credit card (check one): MasterCard Visa

CARD NUMBER _____

EXPIRATION DATE _____ ZIP CODE _____

CARDHOLDER SIGNATURE _____

Check enclosed. Amount: \$ _____

(PLEASE MAKE PAYABLE TO: FRIENDS OF THE ARC FOUNDATION)

Thank You for Your Support!



TO BENEFIT
Friends of
The Arc
FOUNDATION

For additional information, please call: 315-272-1529

Proceeds from this event directly benefit people with developmental disabilities in our local communities by supporting programs such as Children's Services, Early Intervention, Pre-K Screening, Guardianship, Summer Camp, and more.