

Builder Classic Golf Tournament

Sponsorship & Donation Form

Person completing form: (First) _____ (Last) _____
 Sponsoring Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____

Please check the appropriate box for sponsorship and/or donation.

Sponsorships

Each sponsorship includes sign at designated location and company listing in North Carolina Builder magazine, unless otherwise noted.

- | | | |
|---|--|---|
| <input type="checkbox"/> Tournament Sponsor—\$5,000 | <input type="checkbox"/> Lunch—\$1,500 | 1 available |
| <input type="checkbox"/> Beverage Carts—\$750/each | 2 available | <input type="checkbox"/> Tee Sponsor—\$250 |
| <input type="checkbox"/> Green Sign—\$100 | 18 available | <input type="checkbox"/> Check-in Table—\$250 |
| <input type="checkbox"/> Driving Range—\$250 | 1 available | <input type="checkbox"/> Putting Green—\$250 |
| <input type="checkbox"/> Cart Sponsor—\$500 | 1 available | <input type="checkbox"/> Longest Drive—\$100 |
| <input type="checkbox"/> Closest to the Pin—\$100 | 3 available | <input type="checkbox"/> Donation—\$_____ |

- **Tee Sponsor** includes the option to have a company representative at the hole (table and chair not provided). Please do not distribute company literature; business cards are acceptable.
- **Cart Sponsor** includes your company logo on every cart. Cart sponsor must place at least 2—3 golf items per player on their carts. These items could include golf balls, tees, ball markers, towels, koozies, hats, t-shirts, etc. Tournament is set for 120 players.
- **Tournament Sponsor** includes the option to set up a table near registration for promotional items, mention on the NCHBA website and signage onsite as the overall tournament sponsor. It also includes two teams at the Green Sponsorship level.

All donations & payments must be received by NCHBA no later than April 20.

Mail: NCHBA, Attn: Tracie Garrett, 5580 Centerview Dr. Suite 415, Raleigh, NC 27606

Payment Information

Check (*payable to NCHBECE Inc.*) MasterCard Visa AMEX Amount Authorized: \$ _____

Card Number: _____ Expiration Date: _____

Name on Card: _____ CSV#: _____

Billing Address for Card: _____

City: _____ State: _____ Zip: _____

Signature for Authorization: _____

FOR NCHBA USE ONLY

Date Received: _____ Check #/CC: _____ Amount Received: _____

Payee: _____