



# Saginaw County Sports Hall of Fame

## Thursday June 13, 2024 Green Acres Golf Course

(7323 Dixie Hwy, Bridgeport, MI 48722)

# Golf Outing

### Sponsorship Opportunities - Registration

#### Event Sponsor

**\$2,000**

- Foursome with carts
- Sponsor name displayed at event and recognized at dinner
- Opportunity to address golfers prior to "shot gun" start
- Opportunity to set up display table or host on course activity
- Sponsor name listed on website
- Hole Sponsorship

#### Dinner Sponsor

**\$1,500**

- Foursome with carts
- Sponsor name displayed at event and recognized at dinner
- Opportunity to set up display table at dinner
- Sponsor name listed on website
- Hole Sponsorship

#### Lunch Sponsor

**\$800**

- Foursome with carts
- Sponsor name displayed at event and recognized at dinner
- Opportunity to set up display table at lunch location
- Sponsor name listed on website

#### Cart Sponsor

**\$650**

- Sponsor name displayed on all golf carts
- Recognized at dinner
- Sponsor name listed on website

#### Hole Sponsor

**\$150**

- Sponsor name and or / company logo displayed on hole
- Recognized at dinner
- Sponsor name listed on website

### PRIZE DONATIONS WELCOME

All prize donations will be recognized at the event.

Sponsors: Please email your company logo to [ramprod@airadv.net](mailto:ramprod@airadv.net)

EPS or hi-res JPG preferred.

**Registration 8:00-8:45am "Shot Gun" Start @ 9:00am**

**Four Person Scramble** - Includes 18 holes with cart, lunch at the turn, buffet dinner and prizes.  
Golf ball crane drop raffle to take place following golf.



#### Golf Per Person - \$125

#### Golf Foursome Team - \$500

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_  
 Business: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

Total Amount for **Golfing** \$ \_\_\_\_\_  
 Total Amount for **Sponsorship** \$ \_\_\_\_\_  
 I would like to make a **Donation** \$ \_\_\_\_\_  
 I would like to **Donate a Prize**  Yes  No  
 Total Amount **ENCLOSED** \$ \_\_\_\_\_

Team Name \_\_\_\_\_  
 Player #1 \_\_\_\_\_  
 Player #2 \_\_\_\_\_  
 Player #3 \_\_\_\_\_  
 Player #4 \_\_\_\_\_

**Make Check Payable:** \_\_\_\_\_ **OR**  
SCSHOF (a tax exempt organization)  
Please return this form and payment to:  
500 Federal Ave. Saginaw, MI 48607

**For Questions:**  
Please contact Jim Couture at 989-274-5835 or email [cootch2@charter.net](mailto:cootch2@charter.net)

**Register Online**  
@  
[saginawcountysports.org](http://saginawcountysports.org)

**To pay using your charge card,**  
Charge My:  DISCOVER  MasterCard  VISA Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Card #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Amount Paying: \_\_\_\_\_