

Sponsorship Form



Contact Information

Company Name: _____

Contact Name: _____

Phone: _____

Level Of Sponsorship

Please check one of the following options:

- Event Sponsor – \$1000
- Practice Green / Driving Range Sponsor – \$250
- Hole Sponsor – \$100

Please Make checks payable to:
Sertoma Club of Norfolk and
may be given to any Norfolk
Sertoma Member or mailed to the
following address:

The Sertoma Club of Norfolk
P.O. Box 11331
Norfolk, VA 23517



SERTOMA. A curious word until three very important words come together in unison: **SERVICE TO MANKIND**. Sertoma's primary service project is assisting the more than 50 million people with speech, hearing and language disorders.

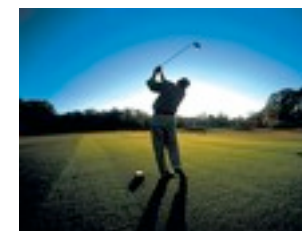
We are partnering with the Magnolia Circle of CHKD this year.



Sixth Annual Norfolk Sertoma Charity Golf Tournament



Oct. 19, 2011



SIGNATURE SPONSOR WOODFORD RESERVE

Event Information

Wednesday, October 19, 2011
Sleepy Hole Golf Course
4700 Sleepy Hole Road
Suffolk, VA 23435

SCHEDULE

Registration - 11:30 am
Driving Range Open - 11:30 AM
Box Lunch - Noon
Shotgun Start - 12:30 pm

Awards Dinner

Immediately Following Golf

Format

Four Person/Captain's Choice

Prizes

Teams will be post flighted and prizes awarded at dinner.

- *Closest-to-the-Pin Contest
- *Longest Drive Contest

Entry Fee

\$100 per player.

Entry Fee includes green fees, cart rental, driving range, top shelf adult beverages, box lunch, dinner and awards.

Signature Sponsor

Woodford Reserve

Proud sponsor of The
Kentucky Derby
and
The Norfolk Sertoma
Charity Golf Tournament

Sponsor Information

Event Sponsor - \$1,000

Company name printed on large sign at Practice Green. Includes (1) Foursome entry. Company recognized as Event Sponsor in event program.

Practice Green or Driving Range Sponsor \$250

Company name printed on sign at Practice Green or Driving Range. Company recognized in event program

Hole Sponsor \$100

Company Name printed on sign on Golf Course Hole during tournament. Company recognized in event program.

Registration

Please complete front and back of form and return by October 12, 2011 with payment

PLAYER 1 (CONTACT PERSON)

Name_____

Address_____

City, State, Zip_____

Day Phone_____

PLAYER 2

Name_____

Address_____

City, State, Zip_____

Day Phone_____

PLAYER 3

Name_____

Address_____

City, State, Zip_____

Day Phone_____

PLAYER 4

Name_____

Address_____

City, State, Zip_____

Day Phone_____