BENEFITING SCHOLARSHIPS FOR HUMANITARIAN OUTREACH



NOVA SOUTHEASTERN UNIVERSITY

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EVENT INFO

SATURDAY, NOVEMBER 23, 2019 @ 11:30 AM GLENEAGLES COUNTRY CLUB 7667 VICTORY LN, DELRAY BEACH, FL 33446

FORMAT: FOUR PERSON SCRAMBLE

TICKETS:

\$185 PER PERSON OR \$690 PER FOURSOME GROUP TICKET INCLUDES LUNCH & POST-TOURNAMENT HORS D'OEURVES AND COCKTAILS

REGISTRATION OPEN UNTIL NOVEMBER 21ST

SPONSORSHIP

TITLE SPONSOR--\$10,000

(AVAILABLE AT \$9,144 CHARITABLE CONTRIBUTION) GAIN TITLE OF THE EVENT ACKNOWLEDGEMENT AT POST-TOURNAMENT COCKTAIL HOUR TWO FOURSOMES IN THE GOLF TOURNAMENT TWO TEE SIGNS ON THE COURSE ACKNOWLEDGEMENT IN PRE-EVENT PUBLICITY AND PRINT MATERIAL NAME OR CORPORATE LOGO ON EVENT SOCIAL MEDIA MATERIAL EIGHT RAFFLE TICKETS

GOLF CART SPONSOR--\$5,000 (AVAILABLE AT \$4,572 CHARITABLE CONTRIBUTION) TITLE/LOGO PRESENTED ON ALL GOLF CARTS ONE FOURSOME IN THE GOLF TOURNAMENT ONE TEE SIGN ON THE COURSE FOUR RAFFLE TICKETS

COCKTAIL HOUR SPONSOR--\$2,500

(AVAILABLE WITH \$2,075 CHARITABLE CONTRIBUTION) ADVERTISING OF COMPANY IN RESTAURANT/BAR ONE FOURSOME IN THE GOLF TOURNAMENT FOUR RAFFLE TICKETS

PREMIUM HOLE SPONSOR--\$1,000 (AVAILABLE AT \$572 CHARITABLE CONTRIBUTION) ONE TEE SIGN ON THE COURSE OPPORTUNITY FOR ONE REPRESENTATIVE ON THE COURSE TO PASS OUT BUSINESS BROCHURE/INFORMATION ONE FOURSOME IN THE GOLF TOURNAMENT FOUR RAFFLE TICKETS

HOLE SPONSOR--\$300

(AVAILABLE AT \$300 CHARITABLE CONTRIBUTION) ONE TEE SIGN ON THE COURSE



Humanitarian Global Outreach Golf Tournament Sponsor and Payment Form

I would like to sponsor: \$10,000 Title Sponsorship (Charitable Contribution \$9,144) \$5000 – Golf Cart Sponsor (Charitable Contribution) \$2500 – Cocktail Hour Sponsor (Charitable Contribution \$2075) \$1000 – Premium Hole Sponsor (Charitable Contribution \$572) _____ \$300 - Hole Sponsor (Charitable Contribution \$300) \$185 - Single Player Name: \$690 - Foursome (s) Name: Name: Name: Name: Name: **Company Name:** Address: Zip Code: City: State: Phone: Email: Please charge my: VISA AMEX MASTERCARD Card Number: CVV: **Expiration:** Amount: Please indicate whether card is: _____ Business _____Personal Billing address if different from above: Street: Zip Code: City: State: Signature: Date:

Please email this form to: Ellen Honsa <u>eh924@mynsu.nova.edu</u> If you would like to mail a check, please address is to The Office of Advancement and Community Relations PO Box 2217, Fort Lauderdale, Florida 33303 – att: Camille Mosely/Nathalie Sloane