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|---|--|---|
| <input type="checkbox"/> Event Sponsor \$20,000 <ul style="list-style-type: none"> <li>• 12 golfers</li> <li>• Logo in pre &amp; post press release</li> <li>• Name on tournament banner</li> </ul>     | <input type="checkbox"/> Microfiber Towel Sponsor \$5,000 <ul style="list-style-type: none"> <li>• 2 golfers</li> <li>• Logo on microfiber towels given to each golfer</li> <li>• ONLY <b>ONE</b> SPONSORSHIP REMAINING</li> </ul> | <input type="checkbox"/> Breakfast Sponsor \$2,500 <ul style="list-style-type: none"> <li>• 2 golfers</li> <li>• Signage in breakfast area</li> </ul>   |
| <input type="checkbox"/> Chairman's Sponsor \$15,000 <ul style="list-style-type: none"> <li>• 8 golfers</li> <li>• Logo in pre &amp; post press release</li> <li>• Name on tournament banner</li> </ul> | <input type="checkbox"/> Ball Sponsor \$4,000 <ul style="list-style-type: none"> <li>• 2 golfers</li> <li>• Logo on balls given to each golfer</li> <li>• ONLY <b>ONE</b> SPONSORSHIP AVAILABLE</li> </ul>                         | <input type="checkbox"/> Locker Room Sponsor \$2,000 <ul style="list-style-type: none"> <li>• 1 golfer</li> <li>• Signage in the locker room</li> </ul> |
| <input type="checkbox"/> Dinner Sponsor \$10,000 <ul style="list-style-type: none"> <li>• 6 golfers</li> <li>• Signage in dining area</li> </ul>  | <input type="checkbox"/> Bag Tag Sponsor \$4,000 <ul style="list-style-type: none"> <li>• 2 golfers</li> <li>• Logo on custom bag tag</li> </ul>   | <input type="checkbox"/> Practice Green Sponsor \$1,000 <ul style="list-style-type: none"> <li>• Signage at the practice green</li> </ul>               |
| <input type="checkbox"/> Luncheon Sponsor \$7,500 <ul style="list-style-type: none"> <li>• 4 golfers</li> <li>• Signage in lunch area</li> </ul>  | <input type="checkbox"/> Beverage Cart Sponsor \$3,000 <ul style="list-style-type: none"> <li>• 2 golfers</li> <li>• Signage on beverage carts</li> <li>• ONLY <b>TWO</b> SPONSORSHIPS AVAILABLE</li> </ul>                        | <input type="checkbox"/> Driving Range Sponsor \$1,000 <ul style="list-style-type: none"> <li>• Signage at the driving range</li> </ul>                 |
| <input type="checkbox"/> Golf Cart Sponsor \$5,000 <ul style="list-style-type: none"> <li>• 2 golfers</li> <li>• Signage in each golf cart</li> <li>• ONLY <b>TWO</b> SPONSORSHIPS AVAILABLE</li> </ul> | <input type="checkbox"/> Cocktail Sponsor \$3,000 <ul style="list-style-type: none"> <li>• 2 golfers</li> <li>• Signage at bar</li> </ul>  | <input type="checkbox"/> Flag Sponsor \$800 <ul style="list-style-type: none"> <li>• Name on keepsake flag at hole (1 per hole)</li> </ul>              |
|   |  | <input type="checkbox"/> Tee Sponsor \$500 <ul style="list-style-type: none"> <li>• Name on signage at tee box</li> </ul>                               |

- \$650 AM FLIGHT Golfer Only\*** (7am Registration/ Breakfast, 8am tee time, 11:30am lunch)
- \$650 PM FLIGHT Golfer Only\*** (11:30am Registration/ Lunch, 1pm tee time, 6:30pm dinner)
- \$150 Networking Cocktails & Dinner Only** (Mansion tour, Cocktail hour, 6:30pm dinner)
- \$1,000 Digital Ad** (Full color, sized at 8.5" w x 11" h- deadline is May 15, 2023) \*Sponsorships of \$2,000 or more include a digital ad
- We are unable to attend, enclosed is a tax-deductible donation**

\$ \_\_\_\_\_ **Total**

\*REGISTRATION PROCESSED ON A FIRST COME- FIRST SERVE BASIS

**Company or Individual Name (As you wish it to appear in recognition):** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Position: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Participant 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Participant 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Participant 3: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Participant 4: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<input type="checkbox"/> Check enclosed, payable to CentraState Healthcare Foundation	<input type="checkbox"/> Please invoice me	<input type="checkbox"/> VISA / MC / Discover / American Express
Name on Card: _____	Card No: _____	Expiration: _____
Signature: _____		Date: _____

**Fax form to (732) 294-7110 or mail to CentraState Healthcare Foundation, 225 Willow Brook Road, Suite 5, Freehold, New Jersey 07728**

Call (732) 294-7030 or email [foundation@centrastate.com](mailto:foundation@centrastate.com) for more information. TAX ID # 22-2383065

Foundation expenses of 12% will be deducted from the proceeds of this event.

**All sponsorship levels include recognition opportunities and may be customized upon request.**