

CASA KANE COUNTY'S  
18<sup>TH</sup> ANNUAL

# GOLF FOR A CHILD INVITATIONAL

Monday, August 16th  
St. Charles Country Club



## SPONSORSHIPS

**HOLE IN ONE**      \$25,000

Designation as Presenting Sponsor on Marketing Materials & Website | Two Golf Foursomes | Name Recognition on Banner, Signage & Social Media | Name Recognition on Golf Car | Tournament Gift for Players | Exclusive Hole Sign & Opportunity to Host a Promotional Table on Hole

**EAGLE**              \$10,000

One Golf Foursome | Name Recognition on Banner, Signage & Social Media | Tournament Gift for Players | Hole Sign

**PAR**                  \$5,000

One Golf Foursome | Name Recognition on Banner, Signage & Social Media | Hole Sign

**BOGEY**             \$3,000

One Golf Foursome | Name Recognition on Banner

**PUTT PUTT**        \$2,000

Certificate for a Golf Foursome with Lunch at St. Charles County Club to be Used at a Later Date

# MARKETING SPONSORSHIPS

*\*Golf Participation NOT Included.*

**Golf Car Sponsor**  
\$5,000

**Photography Sponsor**  
\$3,000

**Volunteer Shirt Sponsor**  
\$2,500

**Goodie Bag Sponsor (Logo on Bag)**  
~~\$2,500~~ **SOLD OUT**

**Brunch Sponsor**  
\$2,000

**Halfway House Sponsor**  
\$1,500

**Host Promotional Table on Hole**  
\$1,000

**Driving Range Sign Sponsor**  
\$1,000/each

**Cocktail Napkin Sponsor**  
\$500/each

**Hole Sign**  
\$300



## TICKETS

**Individual Ticket**  
\$500

~~**Foursome**~~ **SOLD OUT**  
~~\$2,000~~



## GOLF AMENITIES

*Brunch, Swag Bags, Green Fees  
with Cart, Locker Room Accessibility,  
Grand Raffle, Cocktail Reception  
with Live Music & Awards*



## AGENDA

9:30 am - Registration  
10:00 am - Brunch & Practice Range  
11:30 am - Shotgun  
4:30 pm - Cocktail Reception

## SPONSOR INFORMATION

Name/Company \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Guest Name(s) & Email(s) \_\_\_\_\_

## RESERVATIONS

\_\_\_\_\_ \$ \_\_\_\_\_  
Golf Sponsorship

\_\_\_\_\_ \$ \_\_\_\_\_  
Marketing Sponsorship

# of Individual Tickets \_\_\_\_\_ x \$500 = \$ \_\_\_\_\_

Please Accept My Donation of \$ \_\_\_\_\_

**TOTAL = \$ \_\_\_\_\_**

## PAYMENT METHOD

VISA  MC  DISC  AMEX

CHECK ENCLOSED *(Checks Payable to CASA Kane County)*

\_\_\_\_\_ Card Number

\_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV

\_\_\_\_\_ Card Holder Signature

Please Return this Form to the Address Listed Below or Email it to [stephaniem@casakanecounty.org](mailto:stephaniem@casakanecounty.org).