

SACRAMENTO HOSPITALITY CLASSIC GOLF TOURNAMENT

Sponsored by the Sacramento Hotel Association

Monday, October 8, 2018 • Valley Hi Country Club • 9595 Franklin Boulevard • Elk Grove, CA



2018 SPONSORSHIP FORM

(Please print.)

Contact Person _____
Hotel/Company/Organization _____
Address _____
City/State/ZIP+4 _____
Telephone _____
E-mail _____
Cell Phone _____

► Sponsorship opportunities are limited and are available on a first-come, first-served basis.

I would like to sponsor _____ Golf Hole(s) @ \$250 each (11 opportunities remaining)
Republic Services, SuperShuttle

I would like to sponsor SOLD Closest-to-the-Pin @ \$350 each (men's) **Yellow Cab Co. of Sacramento**

I would like to sponsor SOLD Closest-to-the-Pin @ \$350 each (women's) **Yellow Cab Co. of Sacramento**

I would like to sponsor _____ Long Drive @ \$350 each (men's) (1 opportunity)

I would like to sponsor _____ Long Drive @ \$350 each (women's) (1 opportunity)

I would like to sponsor _____ Putting Contest @ \$350 (1 opportunity)

I would like to sponsor SOLD Two Beverage Carts @ \$500 each **Holiday Inn Sacramento Downtown-Arena
Prestige Cleaners**

I would like to sponsor SOLD Hole Flags @ \$500 (sponsor provides flags) **Residence Inn Downtown at Capitol Park**

I would like to sponsor _____ Tee Markers @ \$350 (sponsor to provide markers) (1 opportunity)

I would like to sponsor _____ Hole-in-One Insurance @ \$500 (1 opportunity)

I would like to sponsor _____ a Gift for Each Golfer (1 opportunity)

I would like to sponsor _____ a Student Scholarship @ \$ _____ (unlimited opportunities)
\$500 or \$1,000 or more! **Sacramento Marriott Business Council \$2,000**



Sponsorship Sign Information (Please print or type.)

Company Name _____
Authorized by _____ (Signature) Date _____

Payment Options

Check Payable to SHA/Check # _____ [Code 4130] Please send an invoice.

NOTE: If faxing your form with credit card payment, we only accept credit card payments to this fax number: (916) 294-0415.

Credit Card AMEX MasterCard Visa

Card Number _____

Exp. Date _____ VCode _____

Card Address _____ Card City _____ State _____ Zip _____

Name on Card _____ Signature _____

► Please return form and payment before **September 24, 2018**, to:

SACRAMENTO HOSPITALITY CLASSIC GOLF TOURNAMENT— c/o Sacramento Hotel Association (SHA)
P.O. Box 276567 • Sacramento, CA 95827-6567 • (916) 441-6110

If faxing your form with credit card payment, we only accept credit card payments to this fax number: (916) 294-0415.

info@sacramentohotelassociation.com