

# Basket of Hope Annual Golf Tournament

Far Oaks Golf Club 419 Old Collinsville Rd., Caseyville, IL 62232

*Give hope to hospitalized kids and their families!*

*Enjoy food & drinks on the course, as well as games, attendance prizes, silent auction, dinner & more!*



## REGISTRATION FORM

### ► Friday, June 15, 2018

**10:30 am Registration | Driving Range**

**11:00 am Lunch**

**12:00 Presentation**

**12:30 Tee Off**

**REMIT FORM TO:** Basket of Hope· PO Box 510860, St. Louis, MO 63151

FAX: 314-268-1517 | EMAIL: [jmadi@basketofhope.org](mailto:jmadi@basketofhope.org)

OR

**REGISTER ONLINE** [basketofhope.org/golf](http://basketofhope.org/golf)

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

☐ Individual BEFORE MAY 5TH .....\$200

☐ Foursome BEFORE MAY 5TH .....\$750

☐ Individual AFTER MAY 5TH .....\$225

☐ Foursome AFTER MAY 5TH .....\$800

☐ Dinner Guest Only ..... \$50

#### ~ PLUS ~

☐ Sponsor a Basket of Hope.....\$100  
*Give hope to a sick child.*

☐ Hole Sponsor (18 available).....\$250  
*Your Business name on a hole*

☐ Drink Cart Sponsor (2 available) ....\$750  
*Your Business name on the drink cart*

☐ Dinner Sponsor (3 available) .....\$1,500

☐ Silent Auction Sponsor .....\$2,000

#### GOLFERS:

1. \_\_\_\_\_ 9. \_\_\_\_\_

2. \_\_\_\_\_ 10. \_\_\_\_\_

3. \_\_\_\_\_ 11. \_\_\_\_\_

4. \_\_\_\_\_ 12. \_\_\_\_\_

5. \_\_\_\_\_ 13. \_\_\_\_\_

6. \_\_\_\_\_ 14. \_\_\_\_\_

7. \_\_\_\_\_ 15. \_\_\_\_\_

8. \_\_\_\_\_ 16. \_\_\_\_\_

#### SPONSORSHIP OPPORTUNITIES

☐ **Tournament Sponsor** .....\$10,000  
*Includes 4 foursomes*

☐ **Eagle Sponsor** .....\$5,000  
*includes 2 foursomes*

☐ **Birdie Sponsor** .....\$2,500  
*includes 1 foursome*

☐ **Par Sponsor** .....\$1,000  
*includes 2 players*

Special Thanks to our  
Tournament Sponsor!



*Together we are Creating  
Lifelong Memories for Children  
and Families Coping with  
Serious Illnesses.*

Special Thanks to  
our Chairpersons:

**Greg Diekemper and Paul Grosse**

☐ Please bill me my total of \$ \_\_\_\_\_

☐ PLEASE CONTACT US FOR FUTURE  
SPONSORSHIP OPPORTUNITIES

☐ Check remitted for this event \$ \_\_\_\_\_ check# \_\_\_\_\_

☐ Charge \$ \_\_\_\_\_ NAME ON CARD: \_\_\_\_\_

PLEASE PRINT

MC VISA DISC AMEX # \_\_\_\_\_

EXP: \_\_\_\_/\_\_\_\_/\_\_\_\_ CODE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

☐ I would like to make a monthly pledge of \$ \_\_\_\_\_

\_\_\_\_ I will submit a monthly check, please send me 12 return envelopes.

\_\_\_\_ Please charge my card each month.

**Please call with any questions or  
concerns about sponsorship!**

**Angela Brunette** (314)268-1515  
[abrunette@basketofhope.org](mailto:abrunette@basketofhope.org)

**Janelle Madi** (314)435-3932  
[jmadi@basketofhope.org](mailto:jmadi@basketofhope.org)

**[basketofhope.org](http://basketofhope.org)**

*Thank you for your support!*

**Basket of Hope,**  
a 501(C)3 Nonprofit Organization  
Tax ID#43-1789081