

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!

► **Friday, June 15, 2018**

10:30 am Registration | Driving Range
11:00 am Lunch
12:00 Presentation
12:30 Tee Off



REGISTRATION FORM

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

FAX: 314-268-1517 | EMAIL: jmadi@basketofhope.org

OR

REGISTER ONLINE 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

GOLFERS:

- 1. _____ 9. _____
- 2. _____ 10. _____
- 3. _____ 11. _____
- 4. _____ 12. _____
- 5. _____ 13. _____
- 6. _____ 14. _____
- 7. _____ 15. _____
- 8. _____ 16. _____

~ 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

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

Janelle Madi (314)435-3932
jmadi@basketofhope.org

basketofhope.org

Thank you for your support!

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