

Join us for Basket of Hope's 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 16, 2017

10:30 am Registration | Driving Range

11:00 am Lunch

12:30 pm Tee Off

**Basket of
HOPE®
Golf
Tournament**
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

GOLFERS:

Foursome BEFORE MAY 5TH\$750

1. _____ 9. _____

Individual AFTER MAY 5TH\$225

2. _____ 10. _____

Foursome AFTER MAY 5TH\$800

3. _____ 11. _____

Dinner Guest Only\$50

4. _____ 12. _____

~PLUS~

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

5. _____ 13. _____

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

6. _____ 14. _____

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

7. _____ 15. _____

Dinner Sponsor (3 available)\$1,500

8. _____ 16. _____

Silent Auction Sponsor\$2,000

SPONSORSHIP OPPORTUNITIES

Tournament Sponsor\$10,000
Includes 4 foursomes

*Special Thanks to our
Tournament Sponsor!*



Eagle Sponsor\$5,000
includes 2 foursomes

Birdie Sponsor\$2,500
includes 1 foursome

Par Sponsor\$1,000
includes 2 players

SPECIAL GUEST SPEAKER:



Mike Furrey
Basket of Hope
National President
and former St. Louis
Rams Wide Receiver

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

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.