

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!

Basket of HOPE Golf Tournament

REGISTRATION FORM

Friday, June 16, 2017

10:30 am Registration | Driving Range

11:00 am Lunch

12:30 pm Tee Off

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

~ 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!*



SPECIAL GUEST SPEAKER:



Mike Furrey

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

☐ 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