

# RMA MN Chapter 23<sup>rd</sup> Annual Golf Tournament/Networking Event

Monday, August 8<sup>th</sup> at Brookview Golf Course, Golden Valley (10:15am Shotgun Start)

## SPONSORSHIP REQUEST FORM

COMPLETE THIS FORM AND RETURN TO THE MINNESOTA CHAPTER OF THE RMA

Mail: PO Box 270924 / Golden Valley, MN 55427 | Fax: 612-284-1023 | Email: [info@rma-mn.org](mailto:info@rma-mn.org)

### FIRM INFORMATION

Company: \_\_\_\_\_ Main Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SPONSORSHIP TYPE *(Based on availability upon receipt of completed form)*

☐ **Hole Sponsorship (\$275)**

We require a table/chair at our hole: ☐ Yes ☐ No ☐ Table Only/No one will be sitting at the hole

Representatives that will be sitting at the hole:

_____ Name	_____ Cell #		_____ Name	_____ Cell #
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We plan to purchase beverages and/or food through Brookview: ☐ No ☐ Yes ([bdisch@brookviewgolf.com](mailto:bdisch@brookviewgolf.com))

☐ **Dinner Sponsorship (\$275)**

☐ **Contest Sponsorship (\$275)**

☐ Longest Drive ☒ Closest to the Pin ☐ Longest Putt

We require a table/chair at our hole: ☐ Yes ☐ No ☐ Table Only/No one will be sitting at the hole

Representatives that will be sitting at the hole:

_____ Name	_____ Cell #		_____ Name	_____ Cell #
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We plan to purchase beverages and/or food through Brookview: ☐ No ☐ Yes ([bdisch@brookviewgolf.com](mailto:bdisch@brookviewgolf.com))

☒ ~~**Cart Sponsor (\$250)**~~ *(only 1 spot available)* ☒ ~~**Treat Bag Sponsor (\$375)**~~ *(only 1 spot available)*

Questions/Comments/Special Needs:

### PLAYING GOLF? Will you or anyone at your firm be participating in the tournament?

**Sponsorship does not include golf registration/fee.** The affiliate/discounted rate is available for golfers of sponsorship company (\$125). Registration fee includes: Cart, Treat bag, Networking dinner & potential prizes.

☐ **Yes, golfers listed below** *(Registration form required for additional information)* ☐ **No one will be golfing**

Golfer's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer's Name: \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT OPTIONS *(due prior to event)*

☐ **Check** (Payable to: RMA Minnesota Chapter Mail to: PO Box 270924 / Golden Valley, MN 55427)

**Credit Card:** ☐ Discover ☐ Master Card ☐ Visa Name on Acct: \_\_\_\_\_

Acct #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ Security Code: \_\_\_\_\_

### PROGRAM OF EVENTS *(timing may be adjusted based on final # of golfers)*

- **9:15 - 10:00am** - Registration
  - **10:00am** - Load up cart, Announcements, Move to assigned hole
- **10:15am** - Shotgun Start
  - **3:00pm** - Networking Dinner and Awards

### COMPANY LOGO

Please send a large format, high resolution .jpg of your company logo to [info@rma-mn.org](mailto:info@rma-mn.org) ASAP.