



SAHBA Annual Golf Outing

Tuesday, October 19th, 2021

Edgewood Golf Club • 16497 Kennedy Rd • Auburn, IL 62615

Lunch - 11:00am • Shotgun Start - 12:00pm

Golf, Lunch & Dinner: \$125 per person • Dinner Only \$35 each

Steak dinner and awards ceremony immediately following golf.

FOURSOME / GOLFER INFORMATION:

Name/Company	Primary Contact
Name/Company	Company Name
Name/Company	Phone Number
Name/Company	E-mail

Sponsorship Opportunities

At the Hole/Tee Signage	\$100	\$250
Course Activity Sponsor	\$100	
Your company name/logo on the signs for all 7 course activities.		
Deluxe Beverage Holes	\$250 each	\$250
Includes signage and your personnel to meet, greet and serve golfers. (7 available; includes Margarita Hole and Grown-Up Lemonade Stand)		
Beverage Carts	\$250 each	\$250
Ride along and share the cool drinks supplied. (3 available)		
Golf Cart Sponsor	\$250	\$500
Your name and logo prominently displayed on every golfer's cart.		

We are accepting donations for goodie bags and raffle items - Contact Lee-Ann at the SAHBA office with your offer.

Total Golfers	____ @ \$125 ea	Deluxe Beverage Hole Sponsor	____ @ \$250
Total Dinner Only	____ @ \$35 ea	Beverage Cart Sponsor	____ @ \$250
Pre-Purchase Mulligans	____ @ \$5 ea	Golf Cart Sponsor	____ @ \$250
Pre-Purchase Foot Wedges	____ @ \$5 ea	Cigar Sponsor	____ @ \$250
Pre-Purchase Extend A Putts	____ @ \$5 ea	Photo Sponsor	____ @ \$250
Pack of 4 Each: Mulligans, Foot Wedges, Extend A Putts	____ @ \$50 ea	Lunch/Dinner Sponsor	____ @ \$250
Hole/Tee Sponsor	____ @ \$100	Title Sponsor	____ @ \$500
Course Activity Sponsor	____ @ \$100	Total Amount Due:	\$ _____

Method of Payment

<input type="checkbox"/> Check	<input type="checkbox"/> Pay at the Course
<input type="checkbox"/> Invoice Company	<input type="checkbox"/> Charge to Visa/Mastercard (primary contact)

_____ Exp. Date: _____ CVV: _____

Signature: _____

SAHBA POLICY: Registration for the golf outing is considered confirmation of your participation and will be invoiced if cancellation is not made within 2 days of event.

I _____ agree to the SAHBA Policy above.

Signature _____ Date _____

SEND CHECK & COMPLETED FORM TO:

Springfield Area Home Builders Association

3001 Spring Mill Dr, Suite F, Springfield, IL 62704

Email: LeeAnn@springfieldareahba.com • Phone: (217) 698-4941 • www.SpringfieldAreaHBA.com



BUILDING THE AMERICAN DREAM