



The Seneca Regional Chamber of Commerce & Visitor Services
Invites you to the 2019 Chamber Challenge
Thursday, June 13, 2019
Mohawk Golf & Country Club



Major Sponsors

Buckeye IT Services, LLC
CompManagement/CompManagement Health Systems
Coppus Motors
First Insurance Group
Journey Financial Solutions Group
Mercy Health—Tiffin Hospital
MLAD Graphic Design Services
Old Fort Banking Company
Toledo Molding & Die
UIS Insurance & Investments

May we please add your name?

Registration 8:30 - 10 a.m.
Shot Gun Start 10 a.m.
Lunch at the Turn 11 a.m. –1 p.m.
Cocktails (on your own),
Hors d'oeuvres, Awards 3 p.m.

Entry includes:
Greens Fee, Cart, Lunch,
On-course Beverages,
Prizes

Registration/Sponsorship Form

Please fill out the form below and return to the Seneca Regional Chamber of Commerce, 19 West Market Street, Ste. C, , Tiffin, OH 44883. Questions: Call Deb at 419-447-4141 or dmartorana@tiffinchamber.com

Sponsorship Levels

Please check all that apply:

- ☐ **Major Sponsor: \$1,000** (includes team of four golfers, hole sponsor, full advertising, promotion and recognition package)
- ☐ **Premier Sponsor: \$700** (includes team of four golfers, hole sponsor)
- ☐ **Team: \$600** (includes team of four golfers)
- ☐ **Event Sponsor: \$500** (includes hole sponsor, advertising, promotion and recognition package)
- ☐ **Individual Golfer: \$150** (includes greens fees, cart, lunch, and on-course beverages)
- ☐ **Hole Sponsor: \$150**
- ☐ **Patron Sponsor: \$100**
- ☐ **We are also seeking donations for Door Prizes as well as Goody Bag items.**

We will donate the following items:

- ☐ Door Prize
☐ Goody Bag Item

☐ Check ☐ Cash ☐ Credit Card

Payment Information:

Amount Paid: \$ _____
Card No: _____
Exp. Date: _____
Code from back of card _____

Team Players:

1. (Captain) _____
E-mail: _____
Phone: _____
2. _____
E-mail: _____
Phone: _____
3. _____
E-mail: _____
Phone: _____
4. _____
E-mail: _____
Phone: _____

Business Information:

Company Name: _____

Contact Name: _____

Contact E-mail: _____

Contact Phone: _____

Address: _____

City/State/Zip: _____