

# Basket of HOPE Golf Tournament

FRIDAY, JUNE 23, 2023

Far Oaks Golf Club

419 Old Collinsville Rd., Caseyville, IL 62232

REGISTER ONLINE @  
[basketofhope.org/golf/](http://basketofhope.org/golf/)

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

GOLFERS: Please email golfer names to Janelle Madi, [jmadi@basketofhope.org](mailto:jmadi@basketofhope.org) by June 9th

7:30 Tee Off     12:30 Tee Off

## REGISTRATION & SPONSORSHIP OPPORTUNITIES:

<input type="checkbox"/> Individual <b>BEFORE MAY 1</b> ..... \$190	<input type="checkbox"/> Hole Sponsor ..... \$250
<input type="checkbox"/> Individual ..... \$200	<input type="checkbox"/> Event Sponsor ..... \$500
<input type="checkbox"/> Foursome <b>BEFORE MAY 1</b> ..... \$720	<input type="checkbox"/> Drink Cart Sponsor ..... \$750
<input type="checkbox"/> Foursome ..... \$800	
<input type="checkbox"/> BIRDIE SPONSOR ..... \$2,500: <i>includes 1 foursomes</i>	EVENT RECOGNITION in mailings and emails to golfers, logo on event signage and website
<input type="checkbox"/> EAGLE SPONSOR ..... \$5,000: <i>includes 2 foursomes</i>	EVENT RECOGNITION + NATIONAL RECOGNITION on <a href="http://basketofhope.org">basketofhope.org</a> , including national event webpages
<input type="checkbox"/> TITLE SPONSOR ..... \$10,000: <i>includes 4 foursomes</i>	EVENT RECOGNITION + NATIONAL RECOGNITION + NATIONAL EVENT SIGNAGE + INVITATION TO NATIONAL EVENTS (traveling costs & hotel accommodations not included)

### REMIT FORM TO:

Basket of Hope, PO Box 510860, St. Louis, MO 63151 | FAX: 314-268-1517 | EMAIL: [jmadi@basketofhope.org](mailto:jmadi@basketofhope.org)

Please bill me my total of \$ \_\_\_\_\_

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.

**Janelle Madi**  
*St. Louis Branch Coordinator*  
[jmadi@basketofhope.org](mailto:jmadi@basketofhope.org)  
C: 314-435-3932

**Angela Brunette**  
*National Executive Director*  
[abrunette@basketofhope.org](mailto:abrunette@basketofhope.org)  
C: 314-956-9567

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