

SPONSORSHIP OPPORTUNITIES

To reserve your place, mark your sponsorship level and complete the registrations from in full and mail to:

Max Cares Foundation, 249 Pearl Street, Hartford, CT 06103

or register online and make payment at

www.maxgolfclassic.com

For more information, contact

AnnMarie Harding at: 413.244.4055

PRESENTING SPONSOR - \$12,500

- 8 Player tickets
- Players Receive gift pack
- Logo on Tournament Banner
- Signage at registration and prominent locations
- Signage on Lunch & Dinner Tables
- Two Tee Signs and Two Flags

PLATINUM SPONSOR - \$8,500

- 4 Player tickets
- Players receive gift pack
- Signage at registration and prominent locations
- Signage on dinner tables
- Two Tee Signs and Two Flags

GOLD SPONSOR - \$6,500

- 4 Player tickets
- Players receive gift pack
- Signage on dinner tables
- Two Tee Signs and Two Flags

SILVER SPONSOR - \$5,500

- 4 Player tickets
- Players receive gift pack
- Signage on dinner tables
- One Tee Sign and One Flag

BRONZE SPONSOR - \$4,500

- 4 Player tickets
- Signage on dinner tables
- Players receive gift pack
- One Tee Sign

CORPORATE SPONSOR - \$3500

- 4 Player tickets
- Players receive gift pack
- One Tee Sign

EMAIL SPONSOR - \$2,500

Company name, logo and website and link 10 pre/post event email blasts to event sponsors and golfers (one available)

LUNCH SPONSOR- \$2,000

CART SPONSOR - \$1,500

BREAKFAST SPONSOR - \$1,000

TEE AND FLAG SPONSOR - \$500

TEE SPONSOR - \$300

REGISTRATION FORM (Please Print)

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Handicap _____

Email _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Handicap _____

Email _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Handicap _____

Email _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Handicap _____

Email _____

METHOD OF PAYMENT

Enclosed Check made payable to:

Max Cares Foundation

Mail to: 249 Pearl St. Fl 2, Hartford, CT 06103

Mastercard Visa Amex CVV Code _____

Mastercard/Visa/Amex _____ Exp. Date _____

Address on Card _____

Authorized Signature _____

Total Amount Due: \$ _____