

2009 Young Agents Pro-Am Golf Outing

Tuesday, August 18th
 Prairie Landing Golf Course
 West Chicago, IL



- | | | |
|--|---------------|----------|
| <input type="checkbox"/> Hole Sponsor
(Includes signage) many options for golfer participation
(Hit the sign, long drive, etc. - contact Shannon Churchill to discuss) | \$500 each* | \$ _____ |
| <input type="checkbox"/> Green Sponsor
(Includes signage on Green) | \$200 each | \$ _____ |
| <input type="checkbox"/> Refreshment Cart Sponsor
(Includes Beer, Soft Drinks, Bottled Water, 2 free golfers) | \$1,000 each | \$ _____ |
| <input type="checkbox"/> 19 th Hole Sponsor – Dinner Reception
(Includes Sign Recognition, 2 free golfers) | \$1,000 | \$ _____ |
| <input type="checkbox"/> Welcome Banner
(Signage at welcome table & at starting point) | \$500* | \$ _____ |
| <input type="checkbox"/> Cart Sponsor
(Signage on every golf cart participating or
on every electronic scorecard, 4 free golfers) | \$2,000 | \$ _____ |
| <input type="checkbox"/> Driving Range
(Signage at range) | \$500* | \$ _____ |
| <input type="checkbox"/> Mulligan
(Your logo on every Mulligan ticket)
Proceeds of Mulligans will benefit InsurPac | \$250 | \$ _____ |
| <input type="checkbox"/> Snack Sponsor
(Includes hot dog, chips & drink) | \$500* | \$ _____ |
| <input type="checkbox"/> Gift (Prize) Sponsors | \$25 to \$150 | \$ _____ |
| <input type="checkbox"/> Donate a prize to be raffled at dinner, please specify prize donated
Prize is: _____ | | |
| <input type="checkbox"/> Prize will be delivered prior to the event | | |
| <input type="checkbox"/> Prize will be brought to the course the day of the event | | |



Total of this form: \$ _____

**Sponsor Discount - If a company signs up a foursome (see separate sheet) and provides a sponsorship of over \$500 for the golf outing, we will discount your sponsorship by \$100! It's like playing golf for free!*

Contact Name: _____
 Company: _____
 Address: _____
 City/State/Zip: _____
 Ph: _____ Fax: _____ Email: _____
Pay by: Check # _____ Send Invoice Visa Mastercard American Express
 Name on Card: _____ Credit Card Number: _____ Exp Date: _____



Return form to:
 Shannon Churchill • IIA of Illinois
 4360 Wabash Ave • Springfield, IL 62711
 (800) 628-6436 • Fax: (217) 793-6744

