



11th Annual Carol Cutter SCRAMBLE SPONSORSHIPS



Please Check your Selection(s): Contributions

Friday, September 24th, 2021

Stone Crest Golf Club, Bedford Indiana

- | | | |
|--------------------------|---|-----------------|
| <input type="checkbox"/> | Event Sponsorship | \$600 |
| | *Receives Signage, Event Recognition, Marketing Table, One Foursome | |
| <input type="checkbox"/> | Lunch Sponsorship | \$400 |
| | *Receives Signage and Verbal Recognition and Includes Two Golfers | |
| <input type="checkbox"/> | Beverage Sponsorship | \$300 |
| | *Includes Signage and One golfer | |
| <input type="checkbox"/> | Skills Challenge Sponsor | \$250 |
| | *Includes One Golfer | |
| | - Closest-To-The Pin | |
| | - Longest Putt | |
| | - Longest Drive | |
| <input type="checkbox"/> | Hole-In-One Prize Package Sponsor | \$250 |
| <input type="checkbox"/> | Driving Range Sponsor | \$250 |
| <input type="checkbox"/> | Putting Green Sponsor | \$250 |
| <input type="checkbox"/> | Hole Sponsor | \$100 |
| <input type="checkbox"/> | Additional Golfer | \$ 75 |
| <input type="checkbox"/> | FRIENDS OF CAROL *Pick your donation amount* | \$ _____ |

Sponsorship Information

Company: _____

Contact Name: _____

Phone Number: _____

Email Address: _____



GBAHU hosts the 11th Annual Carol Cutter Golf Outing

Golfer Registration/Payment Information



Golfer Registration

GOLFER 1 *Team Captain-Mail Contact Person*

NAME: _____

COMPANY: _____

PHONE: _____

EMAIL: _____

GOLFER 2

NAME: _____

COMPANY: _____

PHONE: _____

EMAIL: _____

GOLFER 3

NAME: _____

COMPANY: _____

PHONE: _____

EMAIL: _____

GOLFER 4

NAME: _____

COMPANY: _____

PHONE: _____

EMAIL: _____

FUN PACK: \$20 each (4 for \$75): Includes 2 mulligans, 50/50 Ticket, Door Prize Ticket, Drink Tickets

Payment Information

Total Amount Due: _____

WE NOW ACCEPT CREDIT CARD PAYMENTS!

Mail Form and Check Payable to "GBAHU" to:

ISU/The May Agency Attn: Cheryl Terry

P.O. Box 1669, Bloomington, IN 47402-1669

To pay by Credit Card please complete the information below and an invoice will be emailed to you with a link to pay by card.

Payment Contact Name: _____

If different than name listed on sponsorship info

Payment Email: _____

If different than name listed on sponsorship info

IMPORTANT—To insure you have a sign we need your forms back by Friday September 13th. We will do our best after this date but no guarantee.