



**PRESENTED BY:
BRIAN & SUSAN SHUGART**



**Friday, October 14th - Tanglewood Park
11:30AM Registration & Lunch
1:00PM Shotgun Start~Captain's Choice**

TITLE SPONSOR \$5,000
(Tax deductible \$4,500)
2 Foursome, golfer gift, lunch, recognition on donor board and company provided prize (Hole in One, Longest Drive, Closest to the Pin)
**THANK YOU
BRIAN & SUSAN SHUGART**

PRIZE SPONSOR \$1,000
(Tax deductible \$740)
1 Foursome, golfer gift, lunch, recognition on donor board and company provided prize (Hole in One, Longest Drive, Closest to the Pin)

LUNCH SPONSOR \$2,000
(Tax deductible \$1,740)
1 Foursome, golfer gift, lunch, banner (sponsor provided), company name/logo recognition on donor board

CORPORATE FOURSOME & HOLE SPONSOR \$600
(Tax deductible \$340)
1 Foursome, golfer gift, lunch, company name/logo on donor board, sign recognition at hole

GOLFER GIFT SPONSOR \$1,500
(Tax deductible \$1,240)
1 Foursome, golfer gift, lunch, company name/logo on donor board, company name/logo on gift

TEAM \$500
(Tax deductible \$240)
1 Foursome, golfer gift, and lunch

SHIRT SPONSOR (2) \$1,500
(Tax deductible \$1,240)
1 Foursome, lunch, company name/logo on donor board, company logo on polo shirt

TEE BOX OR HOLE SPONSOR \$200
(Tax deductible \$200)
Sign recognition with company name/logo at one tee box or hole during tournament

BEVERAGE CART SPONSOR (2) \$1,500
(Tax deductible \$1,240)
1 Foursome, golfer gift, lunch, beverage cart with company name/logo, recognition on donor board

**Register online now:
www.parentingpath.org/news-events/**



**Payment & Registration Information
Entry Form and Payment Due By September 30th**

Team Captain needs to submit names of players by registration date
For more information call 336.748.9028 or
email Joe Rick (joe.rick@parentingpath.org)

- Please invoice me
- My check is enclosed
PAYABLE TO: The Parenting PATH
500 W. Northwest Blvd.
Winston-Salem, NC 27105
- Please bill my credit card

NAME (Team Captain) _____

ORGANIZATION _____

ADDRESS _____

PHONE _____ EMAIL _____

CREDIT CARD # _____ EXPIRATION DATE _____ CVV _____

Visa / MC / AMEX / Discover