



**Sue Walker Memorial  
Golf Tournament  
Indian Pond Country Club**

**Monday September 10<sup>th</sup> 2018**



**Sponsor Registration Form**

<b>Premium</b> Company name and logo recognized on our Web site, (with links to your Web site, if requested) Golf slots for eight (8) golfers, includes lunch, cocktail reception, dinner, goody bags. Promotional opportunity. Company name on a Tee-Box sign on the course. Premium signage and Name recognition in tournament materials.	<b>\$5,000</b>
<b>Platinum</b> Company name and logo recognized on our Web site, (with links to your Web site, if requested) Golf slots for four (4) golfers, includes lunch, cocktail reception, dinner, goody bags. Company name on a Tee-Box sign on the course. Premium signage and Name recognition in tournament materials.	<b>\$2,500</b>
<b>Cart Sponsor</b> Company name displayed on all carts. Golf slots for two (2) golfers, includes lunch, cocktail reception, dinner, goody bags. Name recognition in tournament materials.	<b>\$1,000</b>
<b>Competition Sponsor</b> Recognized at competition location. Golf slots for one (1) golfer, includes lunch, cocktail reception, dinner, goody bags. Name recognition in tournament program. Tee-Box sign on the course.	<b>\$500</b>
<b>Patron</b> Name recognition in tournament program. Tee-Box sign on the course. Cocktail reception & Dinner for 1.	<b>\$250</b>
<b>Tee-box Sponsor</b> Company name on a Tee-Box sign on the course.	<b>\$100</b>
<b>Dinner and Lunch</b> opportunities are also available. Contact the Golf Tournament Committee at: <i>email: <a href="mailto:swmemgolftournament@gmail.com">swmemgolftournament@gmail.com</a></i>	

I/We would like to sponsor the following level: \_\_\_\_\_ \$ \_\_\_\_\_

**IMPORTANT INFORMATION:**

Company or Individual Name \_\_\_\_\_

Contact name \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please make check payable to: DFCI Sue Walker Memorial Golf Tournament**  
**Please mail this completed form and payment to:**  
**Patrick Fahy**  
**23 Mt. Vernon St.**  
**West Roxbury MA 02132**