

“GOLF FOR GOLD”



GOLF SCRAMBLE

Monday, June 10, 2019

10 a.m. Shotgun Start

Woodland Hills

(6000 Woodland Hills Dr., Eagle, NE)

Conducted by:



SPONSORSHIP LEVELS:

EAGLE Sponsor \$5,000 (Limit 1)

Logo recognition on all print/electronic media.
Logo recognition on tee-box signs.
Complimentary 4-person team (includes *4 Super Tickets).
Display table in clubhouse near check-in.
Mention/introduction in announcements.
Social media shares.

BIRDIE Sponsor \$2,500 (Limit 3)

Logo recognition on all print/electronic media.
Complimentary 4-person team (includes *4 Super Tickets).
Meal or Beverage Cart Sponsorship.

PAR Sponsor \$1,000

Logo recognition on all print/electronic media.
Complimentary 4-person team (includes *4 Super Tickets).
Hole Sponsorship.

HOLE Sponsor \$100

Mention in all print/electronic media.
Logo recognition on hole sign.
Table or activity to showcase business.

*1 - Super Ticket = 2 mulligans & 10 raffle tickets (\$25 value)

For more information or to register for the Golf Scramble go to: www.NebraskaSportsCouncil.com

Completed forms to:

Nebraska Sports Council, PO Box 29366, Lincoln, NE 68507 [MAIL]
info@nebraskasportscouncil.com [EMAIL]
402-413-1119 [FAX]

Questions?

info@nebraskasportscouncil.com or call 402-471-2544

Proceeds Benefit Adopt an Athlete

Your donation allows all Nebraskans to enjoy fun and affordable competition and wellness opportunities. The Nebraska Sports Council is a 501 (c) (3) non-profit organization that operates without government support. We rely heavily on sponsoring businesses and individual donors like you for funding to provide opportunities for Nebraskans of all ages, abilities, ethnicities and socioeconomic backgrounds.

YES! We would like to support the Adopt an Athlete program!

EAGLE **BIRDIE** **PAR** **HOLE**
(sponsorship level descriptions to the left)

Count on Us! Please contact us to discuss the financial and/or in-kind donation options.

Contact Info

FIRST NAME _____
LAST NAME _____
COMPANY/ORGANIZATION _____
PHONE _____
EMAIL _____

Payment Info

Pay with Credit Card ▼
NAME ON CARD _____
BILLING ADDRESS _____
CITY _____ STATE _____ ZIP _____
CARD # _____
EXPIRATION DATE _____ CVV # _____
CARDHOLDER'S SIGNATURE _____
 Check/Cash Enclosed **Please Send Invoice**