

SPONSORSHIP FORM

The deadline for payment is **9/8/2023**

Name: _____

Company/Organization Name: _____

Email: _____

Phone: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Golfer's Gift
\$10,000.00 | <input type="checkbox"/> Beverage Cart Sponsor
\$1,500.00 | <input type="checkbox"/> Closest to the Pin Sponsor
\$700.00 |
| <input type="checkbox"/> Dinner Sponsor
\$7,500.00 | <input type="checkbox"/> Cart Sponsor
\$2,000.00 | <input type="checkbox"/> Tee Sponsor
\$325.00 |
| <input type="checkbox"/> Gift Raffle Sponsor
\$5,000.00 | <input type="checkbox"/> Driving Range
\$1,000.00 | <input type="checkbox"/> Cocktail Hour/Dinner Only
\$100.00 |
| <input type="checkbox"/> Lunch Sponsor
\$4,500.00 | <input type="checkbox"/> Putting Practice Green
\$1,000.00 | <input type="checkbox"/> Lunch Only
\$50.00 |
| <input type="checkbox"/> Cocktail Hour Sponsor
\$3,000.00 | <input type="checkbox"/> Foursome
\$850.00 | |
| <input type="checkbox"/> Cigar Sponsor
\$2,500.00 | <input type="checkbox"/> Longest Drive Sponsor
\$700.00 | |

Sponsorship Requested *(check all that apply)*

Foursome

Golfer 1: _____

Golfer 2: _____

Golfer 3: _____

Golfer 4: _____

My payment is enclosed

Enclosed Amount: _____

Make checks payable to:
IBEW Local 400 Benevolent Fund

**You can mail your payment in with the
enclosed envelope to:**
P.O. Box 1216, Wall, NJ 07719