

MASON KIWANIS

27th Annual Golf Classic-May 19th, 2010

RESPONSE FORM

Name of Company: _____

Contact Person: _____ **Phone Number:** _____

Email Address: _____

Level of Sponsorship: *(check one)*

- \$250 Mulligan Sponsorship**
- \$500 Birdie Sponsorship**
- \$750 Eagle Sponsorship**
- \$1,000 Hole In One Sponsorship**
- \$1,500 Clubhouse Sponsorship**
- \$5,000 Title Sponsorship**

Please indicate in this space how you would like Your Company Name to appear if different then above:

Hole in One Sponsor; Clubhouse Sponsor; and Title Sponsor-Please provide the following information for your guaranteed foursome:

Name	Address	Contact Number

*Preferred Tee Time: *(check one)* ___ Morning (Tee Time 7:45a.m.) ___ Afternoon (Tee Time 1:00p.m.)

Title Sponsor-Please provide the following information for your guaranteed second foursome:

Name	Address	Contact Number

*Preferred Tee Time: *(check one)* ___ Morning (Tee Time 7:45a.m.) ___ Afternoon (Tee Time 1:00p.m.)

***Please return this form with your check by April 30th to:
Kiwanis Club of Mason, P.O. Box 134, Mason, OH 45040***

Thank You!