

2018 KidSwing

Sponsorship and Underwriting Agreement

Name of Individual, Corporation or Foundation: _____

Contact Person: _____

Address: _____ Suite: _____

City: _____ State: _____ ZIP: _____

HOME ADDRESS BUSINESS ADDRESS

Email: _____

Office Phone: _____ Home Phone: _____

Name/Company for Publication: _____

(Please print exactly as it should appear in promotional materials, including capitalization and abbreviations.)

I do not wish to be listed in the program or applicable publications.

KidSwing Sponsorship Opportunities:

\$10,000 Hole-in-One Sponsor

\$2,500 Eagle Sponsor

\$5,000 Double Eagle Sponsor

\$1,000 Birdie Sponsor

KidSwing Underwriting Opportunities:

Greens Fees and Rentals \$5,000

Player T-Shirts: \$2,500

Player Goodie Bags \$3,000

Player Dinners: \$1,500

Committee Golf Shirts \$3,000

Player Trophies: \$1,000

My check, made payable to TSRHC, is enclosed. Please bill my credit card.

PLEASE CHARGE MY: MasterCard American Express Discover VISA

Amount \$: _____ Cardholder's Name: _____

Is this a company card? YES NO

If so, please provide company name: _____

Card Number: _____ Security Code: _____

Exp. Date: _____ Cardholder's Signature: _____

Please send completed form to:
Texas Scottish Rite Hospital for Children - KidSwing
2222 Welborn Street, Dallas, TX 75219
phone: 214-559-8464 • fax: 214-559-7649

