



4th Annual Diabetes Scramble GOLF TOURNAMENT

Wednesday
June 15,
2011

**Willodell Golf Club of Niagara, Niagara Falls, Ontario
Registration begins 11:00 a.m. Shotgun start 1:00 p.m.**

SPONSORSHIP OPPORTUNITIES — Please Check the Appropriate Box

PLATINUM SPONSOR **\$5,000**
8 golfers, including carts, lunch & dinner
Exclusive welcome sign, logo included on all carts and
print material, special recognition at presentation
ceremony, presenting dinner sponsor, special thank you in
packages printed for next year. Also includes all benefits
of hole sponsorship.

GOLD SPONSOR **\$4,000**
8 golfers, including carts, lunch & dinner
Exclusive welcome sign, logo included on all print
material, special recognition at presentation ceremony,
presenting dinner sponsor, special thank you in packages
printed for next year. Also includes all benefits of hole
sponsorship.

SILVER SPONSOR **\$2,000**
4 golfers, including carts, lunch & dinner
Logo included on all print material, special recognition at
presentation ceremony, presenting dinner sponsor, special
thank you in packages printed for next year. Also includes
all benefits of hole sponsorship.

BRONZE SPONSOR **\$1,000**
Includes all benefits of hole sponsorship and a special
thank you in packages printed for next year.

HOLE SPONSOR **\$400**
Signage on green or tee-off area and recognition on
registration signage and in the evening program.

AUCTION / PRIZE DONOR **\$100**
Items valued greater than
Recognition in the evening program and/or table tent
card, bid sheet with description of item and your
business name.

BOOTY BAG DONOR **150**
ITEMS IN QUANTITIES OF
Promote your business and make an impact on our
golfers! Recognition included in the evening program
and/or table tent card.

SPONSORSHIP DETAILS

Contact Name _____ Business Name _____
Address _____ City _____ Postal Code _____
Phone _____ E-mail _____

GOLFER DETAILS

Fees: \$600 per foursome or \$150 per person. Includes 18 holes, golf cart, BBQ lunch and Prime Rib dinner.

Golfer # 1 Name _____
Address _____ City _____
PC _____ Phone _____ E-mail _____

Golfer # 2 Name _____
Address _____ City _____
PC _____ Phone _____ E-mail _____

Golfer # 3 Name _____
Address _____ City _____
PC _____ Phone _____ E-mail _____

Golfer # 4 Name _____
Address _____ City _____
PC _____ Phone _____ E-mail _____

PAYMENT DETAILS

Sponsor Amount _____ Golfer Amount _____ Total Payment Due: _____
Method of Payment Visa MasterCard Number _____ Exp. Date _____
Name as it appears on Card _____
 Cheque Enclosed (Made payable to: Canadian Diabetes Association)

Please return this form with payment to: Canadian Diabetes Association, 391 Vine St.,
St. Catharines, On. L2M 4T9
If paying by credit card, you may fax to: 905-646-1130
For more information call: 905-646-4843