



WINE COUNTRY Classic

presented by



Prosser
Memorial Health Foundation



SEPTEMBER 6, 2024 8 AM | CANYON LAKES GOLF COURSE

SPONSORSHIP LEVELS

Please check mark your participation level

PLATINUM LEVEL | \$7,500

- Two golf foursomes
- Lunch included
- Mentioned in event marketing ads
- Business banner displayed at event
- Exclusive tee signage at the course
- Company logo on tournament marketing materials

GOLD LEVEL | \$5,000

- One golf foursome
- Lunch included
- Mentioned in event marketing ads
- Tee signage at the course

SILVER LEVEL | \$2,500

- One golf foursome
- Lunch included
- Mentioned in limited event marketing ads

BRONZE LEVEL | \$1000

- One golf foursome
- Lunch included

HOLE-IN-ONE SPONSOR | \$1,500

- Company or individual recognition at hole-in-one location

PUTTING GREEN CHALLENGE SPONSOR | \$1,000

- Company or individual recognition at putting green

BEVERAGE CART SPONSOR | \$1,000

- Company or individual signage on beverage carts

GUESS YOUR SWING SPEED SPONSOR | \$1,000

- Company or individual recognition at swing speed location

CLOSEST TO THE PIN SPONSOR | \$1,000

- Company or individual recognition displayed at the course

STRAIGHTEST DRIVE SPONSOR | \$1,000

- Company or individual recognition displayed at the course

TEE SPONSOR | \$500

- Company or individual recognition displayed at one tee

MULLIGANS | \$20 each _____ x \$10 = _____

ENTRY FEE

TEAM OF FOUR | \$750 Golf

SINGLE GOLFER | \$200 Golf and Lunch

TEAM INFORMATION

Contact Person _____ Handicap _____ Telephone _____ PMH NIKE GOLF SHIRT \$65 X _____ = _____
Size

Contact Person _____ Handicap _____ Telephone _____ PMH NIKE GOLF SHIRT \$65 X _____ = _____
Size

Contact Person _____ Handicap _____ Telephone _____ PMH NIKE GOLF SHIRT \$65 X _____ = _____
Size

Contact Person _____ Handicap _____ Telephone _____ PMH NIKE GOLF SHIRT \$65 X _____ = _____
Size

PAYMENT INFORMATION

- Send a Bill Pay by CHECK Pay by CREDIT CARD
 VISA MASTERCARD DISCOVER

TOTAL _____

Card Number _____ Exp. Date _____ SEC _____ Signature _____

BILLING INFORMATION

Name _____ Telephone _____

Address _____ City/State/Zip Code _____

Email _____

Please return registration form and payment to: **Prosser Memorial Health Foundation**
723 Memorial St., Prosser, WA 99350 | Phone: 509.786.6601 | Email: foundation@prosserhealth.org

Tax information: 501(c)(3): 82-2720773 | *Proceeds from Wine Country Classic directly benefit Prosser Memorial Health Programs*