

# SEVENTH ANNUAL BUZZARDS CLASSIC GOLF TOURNAMENT



**Our Mission:** Providing funding for medical therapy and equipment to Neonatal Intensive Care Unit (NICU) graduates. Bee Mighty is a 501(c)(3) fund managed by Novant Health Foundation Presbyterian Medical Center.



## Sponsorship Opportunities

### Title Sponsors:

\$10,000 includes four foursomes and four rooms at The Lodge (one night before or after the tournament). Every player will receive a gift bag with your company brochure, and your company logo will be displayed on the front entrance banner and at every hole.

### Platinum Sponsors:

\$5,000 includes three foursomes. Your company logo will be displayed at every hole and a plaque.

### Gold Sponsors:

\$3,000 includes eight golfers. Your logo will be displayed at one hole and a plaque.

### Beverage Sponsors:

\$1,500 includes four golfers. Your company logo will be displayed on one beverage cart. (Only two available)

### Silver Sponsors:

\$750 includes four golfers and your logo displayed at one hole.

## Tournament Information

**Date:** August 12, 2017  
**Time:** 9:00am Tee Shotgun Start  
**Location:** Legacy on Lanier  
**Cost:** \$120 for a single golfer or  
 \$480 Team

## Registration

- |   |          |   |                               |
|---|----------|---|-------------------------------|
| <input type="checkbox"/> Title Sponsor    | \$10,000 | <input type="checkbox"/> Silver Sponsor       | \$750                         |
| <input type="checkbox"/> Platinum Sponsor | \$5,000  | <input type="checkbox"/> Foursome             | \$480                         |
| <input type="checkbox"/> Gold Sponsor     | \$3,000  | <input type="checkbox"/> Individual Golfer(s) | \$120 each x _____ = \$ _____ |
| <input type="checkbox"/> Beverage Sponsor | \$1,500  |   |                               |

Name \_\_\_\_\_

Company \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

## Payment Info

\_\_ Visa \_\_ MC \_\_ Amex \_\_ Check Made Payable to Bee Mighty c/o Presbyterian Healthcare Foundation

Name on Card \_\_\_\_\_ Card # \_\_\_\_\_

Exp. \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Total \$ \_\_\_\_\_

Mail checks to: Shaun Dalton, 1 Motley Ln Charleston SC, 29401 Email: sdalton@ccafllc.com

Golfer #1 \_\_\_\_\_ Shirt Size \_\_\_\_\_

Golfer #2 \_\_\_\_\_ Shirt Size \_\_\_\_\_

Golfer #3 \_\_\_\_\_ Shirt Size \_\_\_\_\_

Golfer #4 \_\_\_\_\_ Shirt Size \_\_\_\_\_