



2016 GOLF CLASSIC

**Monday, August 1 • Parkersburg Country Club
 Shot Gun Start • 9:30 am • Scramble Format**

Sponsorship Information

Patron: \$5,000 (Banquet Sponsor)

Breakfast with Administration, banner (logo needed), logo recognition on website and on e-announcements, names in newspaper, program listing, tent card signage, gift bag signage and **4 players**

Platinum: \$3,000 (Luncheon Sponsor)

Breakfast with Administration, banner (logo needed), names in newspaper, program listing, tent card signage, gift bag signage and **3 players**

Flagstick: \$2,000

(2 Available: front 9/back 9) Logo recognition on flagstick, commemorative tournament flag, gift bag signage and **2 players**

Corporate: \$1,000

Banner (logo needed), names in newspaper, program listing, tent card signage and **2 players**

Gold: \$500

Names in newspaper, program listing, tent card signage and **1 player**

Silver: \$250

Names in newspaper, program listing and tent card signage

Players: \$200 per person or \$700 per team

- Fee includes 18 holes of golf, cart, prizes, lunch and refreshments
- Team handicaps must total 40 or more for scramble.
- Award Presentation & Skill Prizes at tournament conclusion

Hole Sponsor: \$150

Names in newspaper and on program listing

Please return the attached registration form with your donation no later than July 25, 2016

REGISTRATION FORM

Camden Clark Charity Golf Classic, Parkersburg Country Club, Monday, August 1, 2016

Check One:

- I/My company wishes to sponsor at _____ level
- I/My company wishes to sponsor and register a foursome
- Player(s) only

	Shirt Size	Handicap	Email
1. _____ Name	_____	_____	_____
2. _____ Name	_____	_____	_____
3. _____ Name	_____	_____	_____
4. _____ Name	_____	_____	_____

Company Name (as you wish it to appear) _____
 Address _____ Telephone _____
 City _____ State _____ Zip _____

Make checks payable to:

Camden Clark Foundation
 P.O. Box 1834
 Parkersburg, WV 26102
 (304) 424-2200 • (304) 424-2821 fax
 email: kcouch@ccmh.org

- Check Enclosed VISA /MC/AMEX /DISC
- Card # _____
- Expiration Date: _____
- Security Code _____ Zip Code _____
- Signature: _____