



Golf Tournament benefitting Camp Massawippi

Saturday, October 2, 2021
Dufferin Heights Golf Club

Sponsorship Opportunities & Registration



10. 02. 2021
Dufferin Heights
Golf Club

PRÉSIDENT / CHAIRMAN
Jim Crook

COMITÉ / COMMITTEE
Theo Brinckman

Clea Corman
Glenn Massad
Michael Newton

Neil Riddell

Tony Ross

Corbett Rowcliffe

David Stenason

COST	LEVEL	DETAILS
<input type="checkbox"/> \$20,000	GOLD TITLE Sponsor	Foursome, company name or logo on website and signage in club.
<input type="checkbox"/> \$10,000	SILVER Title Sponsor	Foursome, company name or logo on website and signage in club.
<input type="checkbox"/> \$7,500	BRONZE Title Sponsor	Foursome, company name or logo on website and signage in club.
<input type="checkbox"/> \$2,000	Continental Breakfast Sponsor	Foursome, company name or logo signage at breakfast and on website.
<input type="checkbox"/> \$2,000	BBQ Dinner Sponsor	Foursome, company name or logo signage at the BBQ dinner and on website.
<input type="checkbox"/> \$1,100	Sponsor a Camper for a Week (tax receipt for full amount provided)	
<input type="checkbox"/> \$1,000	Golf Cart Sponsor	Company name or logo signage on golf carts and on website.
<input type="checkbox"/> \$1,000	Flag Sponsor	Company name or logo on flags.
<input type="checkbox"/> \$1,000	Scorecard Sponsor	Company name or logo on scorecards.
<input type="checkbox"/> \$1,000	Premium Tee Sponsor (Hole #1 & Hole #10)	Company name or logo on tee.
<input type="checkbox"/> \$500	Tee Sponsor	Company name or logo on tee.
REGISTRATION		
<input type="checkbox"/> \$800	Foursome	4 golfers including continental breakfast and BBQ dinner.
<input type="checkbox"/> \$200	Individual Player	1 golfer including continental breakfast and BBQ dinner.
<input type="checkbox"/> I WOULD LIKE TO JOIN YOU FOR BBQ DINNER (4PM-6PM): NUMBER OF GUESTS _____ AT \$50 PER PERSON		
<input type="checkbox"/> I AM UNABLE TO PARTICIPATE BUT WOULD LIKE TO MAKE A DONATION: \$ _____ (FULL TAX RECEIPT - NO BENEFITS)		

Sponsorship Category _____ Total Amount _____ \$
 Name _____ Title _____ Company _____
 Address _____ City _____ Prov _____ Postal Code _____
 Email _____ Tel (____) _____

Methods of Payment

Cheque enclosed in the amount of: _____ \$ Please make cheques payable to the Fondation HABILITAS Foundation

Please charge my Personal credit card or Business credit card: VISA MC AMEX

Card number _____ Expiration date _____

Signature (Required) _____

HABILITAS