



# Wounded Warriors Golf Classic

## Wednesday June 19<sup>th</sup>, 2019

### Tournament Sponsorship Form

**SPONSOR NAME (or Company Name):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**SPONSORSHIP CATEGORIES (please select your sponsorship level)**

*For detailed descriptions of each sponsorship level, please refer to the Tournament Package.*

_____ Presenting Sponsor (Max. 2).....	\$5000.00
_____ Welcome Gift Sponsor (Max. 3).....	\$2500.00
_____ Dinner Sponsor (Max. 4).....	\$1500.00
_____ Lunch Sponsor (Max. 3).....	\$1000.00
_____ Cart Sponsor (Max. 8).....	\$500.00
_____ Closest to the Pin / Long Drive Sponsor .....	\$500.00
_____ Hole Sponsor.....	\$300.00

**PAYMENT INFORMATION:**

**CREDIT CARD NUMBER:** \_\_\_\_\_ **EXP:** \_\_\_\_\_ / \_\_\_\_\_

**NAME (as it appears on card):** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**CARD HOLDER SIGNATURE:** \_\_\_\_\_

**PLEASE EMAIL BACK YOUR SPONSORSHIP FORM TO [mseller@unisyncgroup.com](mailto:mseller@unisyncgroup.com)**

**OR MAIL FORM & CHEQUE TO 353 Grandview Ave. London ON N6K 2T1**

*Cheques to be made out to "Wounded Warriors Canada"*

**FOURSOME FOR THE TOURNAMENT**

*(included with the Presenting, Giveaway, Dinner & Lunch Sponsorship Packages)*

**TEAM NAME (or Company Name):** \_\_\_\_\_

**Players:**

**1.NAME:** \_\_\_\_\_ **2.NAME:** \_\_\_\_\_

**3.NAME:** \_\_\_\_\_ **4.NAME:** \_\_\_\_\_

*For more information or for information regarding sponsorship opportunities please contact Monika Seller, Tournament Coordinator, at [mseller@unisyncgroup.com](mailto:mseller@unisyncgroup.com)*

**#INTHISTOGETHER**

