



Company/Team Name: _____

Contact Person's Name/Phone: _____

Contact Person's Email: _____

Course Preference (circle one) Shadow Lake Shadow Pines

Today's Date: _____

Corporate / Individual Hole Sponsorship Form

Please consider the nominal donation for Golisano Children's Hospital at Strong, a worthy token to help make a positive difference in the lives of thousands of children and families each year in the Rochester area. Even if you can't golf in the tournament, it's a great way of showing your support!

_____ \$1000.00 **Lunch sponsorship** will include a poster identifying you or your organization, placed at the turn as well as lunch tickets with your company name and logo.

_____ \$1500.00 **Corporate sponsorship** includes your company name and logo on our annual tournament banner and a hole sponsorship sign as well.

_____ \$500.00 **On-course beverage sponsorship** includes your company name and logo displayed on each drink ticket.

_____ \$500.00 **Dinner beverage sponsorships** provides for signs displayed by the bar and at each dinner table.

_____ \$300.00 **Men's and Women's Longest drive hole sponsorships** will provide a sign identifying you or your organization. The sign will be placed on the tee box of the longest drive hole.

_____ \$300.00 **Men's and Women's Closest to the pin sponsorships** will provide a sign identifying you or your organization. The sign will be placed on the tee box of the closest to the pin hole.

_____ \$300.00 **Hit-the-green sponsorship** will provide a sign identifying you or your organization.



_____ \$200.00 **Individual hole sponsorships** will provide a sign identifying you or your organization. The sign will be placed on the tee boxes of one of the holes throughout the tournament.

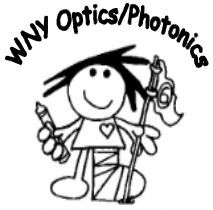
_____ **Golf Ball donation**, your company may provide golf balls with logo to be given out during registration.

_____ **Golf Tee donation**, your company may provide golf tees with logo to be given out during registration.

_____ **Other donation**, your company may donate prize items of your choice.

Please make checks payable to: **Optical Support Services**. Mail to: c/o Strong Children's Golf Tournament, 73 N. Farnsworth Rd. Rochester, NY 14623. Please be sure to include a copy of your registration / sponsorship form with payment. We also are accepting Master Card and Visa this year.

Contact information: Ron / Diane Schulmerich, Phone: M-F 8:00am-5:00pm EST @ 585-663-7230, after 6:00pm @ 585-359-2102. Email: wnyoptics@rochester.rr.com



Golf Tournament

Company/Team Name: _____

Contact Person's Name/Phone: _____

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Course Preference (circle one) Shadow Lake Shadow Pines

Today's Date: _____

Please check all that apply below:

Name

Phone

Email

Golf & Dinner	Golf	Dinner	Shirt Size	Hat

- #1 _____
- #2 _____
- #3 _____
- #4 _____
- #5 _____
- #6 _____
- #7 _____
- #8 _____

Totals:

Golf & Dinner= \$100.00 each
 Golf Only= \$70.00 each
 Dinner Only= \$70.00 each

Shirts= \$35.00 each
Hats= \$20.00 each

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Thank you and we look forward to seeing you there!!!!