The 15th Annual Northern Nevada Dental Health Programs / Joel F. Glover, DDS Charity Golf Tournament 2017

All proceeds to benefit Adopt a Vet Dental Program; a non-profit dental care program for local veterans "Caring for the most vulnerable and those who protect them"

"Caring for the most vulnerable and those who protect them"				
<u>Place</u> : <u>Times</u> :		ast & Golfer	Date: Friday, September Check-In / 7:45 a.m. ~ ShotGun Sta BBQ Lunch, Hosted Beer, Raffle Winne	art/Tee Time
Format: Scra	mble	ulligans: available for purchase at tourney		
Sponsorship/Participation Opportunities				
MAJOR SPONSOR \$5,000 > Your Company name/logo prominently advertised on golfer's gift > > Pre and Post-event publicity > > Special recognition during Tournament and Award BBQ > > Tee Signage including invitation for company representation on course > > Two (2) Foursome reservation to play \$2,500 > Your company name/logo on Tournament golfer's program and signage > > Special recognition during Tournament & Award BBQ > > Tee Signage including invitation for company representation on course > > One (1) Foursome reservation to play HOLE-IN-ONE VEHICLE SPONSOR \$2,500 > Your company name/logo on Tournament golfer's program and signage > > One (1) Foursome reservation to play HOLE-IN-ONE VEHICLE SPONSOR \$2,500 > Your company name/logo on Tournament golfer's program and signage > > Special recognition during Tournament & Award BBQ > Tee Signage including invitation for company representation on course > > One (1) Foursome reservation to play > > Showcase 6-7 additional vehicles throughout LakeRidge (vehicle insurance paid by you) HOLE/TEE SPONSOR: \$1,350				
FOURSOME:		\$ 940	BREAKFAST SPONSOR:	\$1,100
INDIVIDUAL ENTRY TO PLAY:		\$ 250	BBQ LUNCH SPONSOR:	\$1,800
HOLE SPONSOR ONLY: > Name on Signage:		\$ 550	BBQ LUNCH SPONSOR W/ Foursome	\$2,400
FRIENDS OF NNDHP GIFT: \$ 250 ADDITIONAL GUEST FOR BBQ \$ 40 (can't attend tournament but want to support) (we welcome spouses/friends/family to join you at BBQ) Team/Player Registration (All are welcome: Singles, Twosomes, Foursomes or we'll pair you up)				
TEAM (SPONSOR'S) NAME:				
Golfer #1 Email: Phone:			Golfer #2 Email: Phone:	
Golfer #3 Email: Phone:			Golfer #4 Email: Phone:	

*If you have a team pairing preference please state:____

I am unable to participate this year but would like to sponsor the above circled entry: OR TOTAL AMOUNT ENCLOSED \$_____ (Check, Visa, MasterCard, Discover, or Amer Xpress) Exp. Date:____ /____ # _____ Name on Card: Sec. code: Statement Zipcode: Send to: Northern Nevada Dental Health Programs, 161 Country Estates Circle, Suite #1B, Reno, NV 89511, Office: (775) 337-0296, or FAX to: (775) 337-0298 or email: nnds@nndental.org or www.nndhp.org