

The 19th Annual Northern Nevada Dental Health Programs /
Joel F. Glover, DDS Charity Golf Tournament 2021

Benefiting the Underserved in our Community. Non-profit tax ID #88-0411192

Place: Red Hawk Golf Club, Sparks **Date:** Friday, September 24, 2021
Times: 7:00 a.m. – 9:00 a.m. ~ **Golfer Check-In, Breakfast & Tee Times**
Lunch at the Turn
Cocktail Celebration; Raffle & Awards (*immediately after golf*)

Format: Scramble

Mulligans: available for purchase at tournament

Sponsorship/Participation Opportunities

TITLE SPONSOR **\$7,500+**

- ❖ Your Company name/logo prominently advertised on golfer's gift
- ❖ Pre- and post-event publicity including social media
- ❖ Special recognition during tournament
- ❖ Tee & Course Signage including invitation for company representation on course
- ❖ One (1) foursome reservation to play

MAJOR SPONSOR **\$5,000**

- ❖ Same as Title Sponsor

HOLE / TEE SPONSOR **\$1,950**

- ❖ Your company name/logo on Tournament golfer's program and signage
- ❖ Tee Signage including invitation for company representation on course
- ❖ One (1) foursome reservation to play

FOURSOME:	\$ 990	BREAKFAST SPONSOR:	\$1,100
INDIVIDUAL ENTRY TO PLAY:	\$ 275	BBQ LUNCH SPONSOR:	\$1,800
HOLE SPONSOR ONLY:	\$ 550	COCKTAIL CELEBRATION SPONSOR:	\$1,200
❖ Name on Signage: _____			
HOLE-IN-ONE/CASH PRIZE:	\$ 500	HOLE-IN-ONE SPONSOR/Vehicle	contact us

FRIENDS OF NNDHP GIFT: \$ 350
(unable to attend tournament but want to support)

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 able to participate this year please enter us in the above circled entry:
OR I am unable to participate but would like to sponsor the above circled level:

TOTAL AMOUNT ENCLOSED \$ _____ (**Check, Visa, MasterCard, Discover, or Amer Xpress**)
_____ Exp. Date: ____ / ____
Sec. code: _____ Statement Zipcode: _____ Name on Card: _____

Send to: Northern Nevada Dental Health Programs, 5605 Riggins Court, Suite #101A, Reno, NV 89502,
O: (775) 337-0296, or **FAX to: (775) 337-0298** or **email: nnds@nndental.org / www.nndhp.org**