

The 20th Annual Northern Nevada Dental Health Programs / Joel F. Glover, DDS Charity Golf Tournament 2022

Benefiting the Underserved in our Community. Non-profit tax ID #88-0411192 & #27-1514514

Place: Red Hawk Golf Club, Sparks **Date:** Friday, September 23, 2022
Times: 7:45 a.m. ~ Shot-gun Start, Golfer Check-In, Breakfast & Pro Shop gift
Snacks at the Turn
20th Celebration/BBQ Lunch; Raffle & Awards (*immediately after golf*) ~ Events Center

Format: Scramble

Mulligans: available for purchase at tournament

Sponsorship/Participation Opportunities

- | | |
|--|-----------------|
| TITLE SPONSOR | \$7,500+ |
| <ul style="list-style-type: none"> ❖ 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 * (<i>up to 2 persons</i>) ❖ One (1) foursome reservation to play and Four (4) \$100 gift cards | |
| MAJOR SPONSOR | \$4,000 |
| <ul style="list-style-type: none"> ❖ See attached flyer | |
| HOLE / TEE SPONSOR | \$2,000 |
| <ul style="list-style-type: none"> ❖ Tee Signage including invitation for company representation on course * (<i>up to 2 persons</i>) ❖ One (1) foursome reservation to play and Four (4) \$50 golfer gift cards | |

* Company representatives on course included in sponsorship is 2 persons, all extras add \$40 per person

<u>FOOD, BEVERAGE AND GIFT SPONSORS:</u>			
FOURSOME:	\$1,100	BREAKFAST SPONSOR:	\$1,100
INDIVIDUAL ENTRY TO PLAY:	\$ 300	SNACK AT THE TURN SPONSOR:	\$1,700
HOLE SPONSOR ONLY:	\$ 550	BBQ LUNCH CELEBRATION SPONSOR:	\$1,800
❖ Name on Signage: _____		GOLFER GIFT SPONSOR:	\$3,000
HOLE-IN-ONE/CASH PRIZE:	\$ 500	HOLE-IN-ONE SPONSOR/Vehicle	contact us
FRIENDS OF NNDHP GIFT:		\$ 350 Suggested	
<i>(unable to attend tournament but want to support)</i>			

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 sponsorship/participation level:
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, **FAX: (775) 337-0298**, Email: nnds@nndental.org W: nndhp.org / nnds.org

ONLINE REGISTRATION