

The 24th Annual Northern Nevada Dental Health Programs / Joel F. Glover, DDS Charity Golf Tournament 2026

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

Place: Lakeridge Golf Club, Reno **Date:** Friday, September 25, 2026
Times: 7:45 a.m. ~ Shot-gun Start, Golfer Check-In, & Breakfast
BBQ Lunch, Raffle Winners & Awards (*immediately after golf*)

Format: Scramble

Mulligans: available for purchase at tournament

Sponsorship/Participation Opportunities

TITLE SPONSOR _____ **\$ 5,500**

- ❖ 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 **(up to 2 persons)*
- ❖ One (1) foursome reservation to play

MAJOR SPONSOR _____ **\$4,000**

- ❖ See attached flyer

HOLE / TEE SPONSOR  **Early Bird Option: \$1,900 before 7/25/26** **\$2,000**

- ❖ Tee Signage including invitation for company representation on course **(up to 2 persons)*
- ❖ One (1) foursome reservation to play

* 2 ea. Company representatives out on course included in above sponsorships, any additional add \$40 per person

FOURSOME:  **Early Bird = C:\$1,000 if before 7/25/26** _____ **\$1,100**

FOOD & BEVERAGE SPONSOR: **\$1,500** **LOGO GOLF BALL SPONSOR:** (limit 2) **\$1,200**

INDIVIDUAL ENTRY TO PLAY: **\$ 300** **GOLFER GIFT SPONSOR:** **\$2,000**

HOLE SPONSOR ONLY: **\$ 550** Name on Signage: _____

HOLE-IN-ONE/CASH PRIZE: **\$ 500** **HOLE-IN-ONE Vehicle SPONSOR** contact us

FRIENDS OF NNDHP GIFT: **\$ 350 Suggested**
(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 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

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ONLINE REGISTRATION: <https://bcpay.online/NNDS/AnnualGolfTournament.php>