



**Chip for Charity
Golf Outing**



**Thursday, September 7, 2023
Participant Information**

Please provide information for all participants.

Golfer and / or Dinner Guest (1)

Name _____
 Company _____
 Address _____
 City/State/Zip _____
 Phone Number _____
 Email _____
 Shirt Size (Circle One): S M L XL XXL
 Shirt (Circle One): Men's Ladies None
 ___ Golf & Dinner ___ Dinner Only

Golfer and / or Dinner Guest (2)

Name _____
 Company _____
 Address _____
 City/State/Zip _____
 Phone Number _____
 Email _____
 Shirt Size (Circle One): S M L XL XXL
 Shirt (Circle One): Men's Ladies None
 ___ Golf & Dinner ___ Dinner Only

Golfer and /or Dinner Guest (3)

Name _____
 Company _____
 Address _____
 City/State/Zip _____
 Phone Number _____
 Email _____
 Shirt Size (Circle One): S M L XL XXL
 Shirt (Circle One): Men's Ladies None
 ___ Golf & Dinner ___ Dinner Only

Golfer and /or Dinner Guest (4)

Name _____
 Company _____
 Address _____
 City/State/Zip _____
 Phone Number _____
 Email _____
 Shirt Size (Circle One): S M L XL XXL
 Shirt (Circle One): Men's Ladies None
 ___ Golf & Dinner ___ Dinner Only

We cannot guarantee shirt size for registrations received after August 1st.

Sponsor & Donor Recognition Information

Please select one of the sponsorship display options below.

- Logo** (Please email logo to choffmanwi@aol.com)
- Text** _____
(Please indicate the text to be used on your sponsor sign.)
- Both Logo and Text** _____

Organization Name _____
 Contact Name _____
 Address _____
 City, State, Zip _____
 Phone # () _____
 Email _____

Description of Item(s) Donated:
Estimated Value: \$ _____
Please drop off donated item(s) at Arandell Corporation or to make special arrangements for pick up, please contact Carolyn Hoffman at choffmanwi@aol.com or 414-587-8828. (Items needed in advance of event)

A tax receipt will be sent upon request detailing sponsorships and donations.

Please complete other side →

Registration Information

	<u>Quantity</u>		<u>Amount</u>	<u>Total</u>
🏌️ Golf & Dinner	_____	x	\$200 = \$	_____
🏌️ Dinner Only	_____	x	\$75 = \$	_____

Registration Due: August 1st

SPONSORSHIPS

	<u>Available</u>	<u>Quantity</u>		<u>Amount</u>	<u>Total</u>
Tournament Sponsors					
🏌️ Shirts	2	_____	x	5,000 = \$	_____
🏌️ Leaderboard	2	_____	x	1,750 = \$	_____
🏌️ Golf Carts	2	_____	x	1,250 = \$	_____
🏌️ Registration Table	1	_____	x	750 = \$	_____
🏌️ Driving Range	1	_____	x	600 = \$	_____
🏌️ Bag Drop	1	_____	x	600 = \$	_____
🏌️ Booklet Sponsor	2	_____	x	600 = \$	_____
Food & Beverage Sponsors					
🏌️ Dinner	7	_____	x	1,000 = \$	_____
🏌️ Happy Hour	4	_____	x	750 = \$	_____
🏌️ Beverage Cart	3	_____	x	600 = \$	_____
🏌️ Lunch	5	_____	x	500 = \$	_____
Contest Sponsors					
🏌️ \$100,000 Shootout	1	_____	x	500 = \$	_____
🏌️ \$1,000 Putting Contest	1	_____	x	500 = \$	_____
🏌️ Survivor Ball	1	_____	x	400 = \$	_____
🏌️ Hole in One	4	_____	x	400 = \$	_____
Hole Sponsors					
🏌️ Exclusive Sponsor	**	_____	x	500 = \$	_____
🏌️ Regular Sponsor	**	_____	x	250 = \$	_____
Total Amount Enclosed					\$ _____

PAYMENT METHOD

By Check: Please make checks payable to: **SSADH Association**, PO Box 180622, Delafield, WI 53018

By Credit Card: (fill out completely)

Name on Credit Card: _____
Credit Card Type: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> AmEx
Credit Card Number: _____
Expiration Date: Month _____ Year _____
CSV Number: _____



Please complete other side →