



Fifth Annual Stingray Golf Tournament at The Golf Club at Fiddler's Creek

Saturday, October 16, 2010

18 Hole Shotgun/4 Person Scramble

7:30 am – Registration, Coffee & Continental Breakfast

8:30 am – Tee Off

1:00 pm – Luncheon

Beverage cart – Prizes – Raffles – Awards

All proceeds benefit the Seacrest Athletic Department

SPONSORSHIPS

All golfers will receive a Seacrest gift bag, access to golf clinic, breakfast, lunch and on-course beverages

- Title Sponsor** \$10,000.00 and up
Two foursomes, reserved seating for breakfast and lunch, VIP seating at golf clinic, banner recognition in the Seacrest gymnasium, recognition in the golf program and on www.seacrest.org, Seacrest brick, presenting sponsor trophy.
- Stingray Gold Sponsor** \$5,000.00 and up
One foursome, reserved seating at the event, recognition in the golf program and on www.seacrest.org, pennant recognition in the Seacrest gymnasium.
- Luncheon Sponsor** \$3,000.00
Banner recognition at the event, recognition in the golf program, www.seacrest.org and in Seacrest publications.
- Beverage Sponsor** \$1,000.00
Company/Individual signage on beverage cart, recognition in the golf program, www.seacrest.org and in Seacrest publications.
- Foursome** \$750.00
VIP seating at golf clinic.
- Cart Sponsor** \$500.00
Company/Individual signage at the event, recognition in the golf program, www.seacrest.org and in Seacrest publications.
- Tee or Green Sponsor** \$300.00
Company/Individual signage on Tee Box
Green locations, recognition in the golf program.
- Contest Sponsor** \$200.00
Recognition in the golf program and on course.
 - Closest to the pin (women)
 - Closest to the pin (men)
 - Longest drive (women)
 - Longest drive (men)
- Individual Golfer** \$200.00
- Donating Sponsor**
Non-golfers and those who wish to enrich the lives of the Seacrest Athletes through a tax deductible contribution.
Donation: \$ _____

CONTACT INFORMATION

Name: _____

Contact Name: _____

Address: _____

Phone: _____

Email: _____

NAME OF GOLFERS (please print)

1. _____ HCP _____

2. _____ HCP _____

3. _____ HCP _____

4. _____ HCP _____

PAYMENT INFORMATION

Amount enclosed \$ _____ Check #: _____

Bill my Seacrest account: _____
(signature)

Please charge my credit card:

Visa Mastercard American Express

Credit card #: _____

Expiration date: _____ Security code: _____
(three digit # on back of Visa and MC, 4 digit # on front of Amex)

Name as it appears on credit card:

(please print)

Please return this form to:
Seacrest School, Stingray Golf Tournament,
7100 Davis Boulevard, Naples, FL 34104
Fax # (239) 793-1460 Phone: (239) 793-1986
Email: tmassa@seacrest.org