

2019 Fall Golf Classic

Monday, September 30, 2019 | Lake Forest Country Club
8 AM Registration, 10 AM Shotgun Start



- \$600 Team of 4 Players
- \$150 Per Player
- \$25 Pink Ball Challenge (per team, 50/50 payout)
- \$40 Mulligans – 8 per team, 2 per player
- \$10 Mulligans – 2 per player
- \$25 Skins Game (per team, 50/50 payout)
- \$60 Hole Sponsor w/team registration

All Payments are due no later than September 27

Name: _____

Address: _____

Representative Name: _____

Rep E-Mail and Phone: _____

Player name, phone # and e-mail address:

1. _____

2. _____

3. _____

4. _____

PAYMENT IS DUE PRIOR TO THE DAY OF THE TOURNAMENT, SEND TO:
Chesterfield Chamber of Commerce, 101 Chesterfield Business Parkway, Chesterfield, MO 63005
Or contact the Chamber at 636-532-3399 or info@chesterfieldmochamber.com
Chamber members may register and pay on-line at www.chesterfieldmochamber.com



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Sponsorship Opportunities

Sponsorship Level	Amount	Foursome	Name & Logo On Chamber Printed Material	Name & Logo on Chamber Website	Name & Logo on Social Media	Name on Signage at Event	Name of Welcome Banner	Reserved Table at Dinner	Table & Tents	Sign at a Hole	Sign in Bar Area
Top	\$2,500	X	X	X	X	X	X	X		X	
Gold	\$750		X	X	X	X			X	X	
Silver	\$500		X	X	X	X			X	X	
Bronze	\$250		X	X						X	
Dinner (1)	\$1,000		X	X	X	X		X			
Lunch (1) *	\$750		X	X	X	X					
Breakfast (1) *	\$300		X	X	X	X					
Beverage Cart (1)	\$1,000		X	X	X	X			X		
Hole In One**	\$1,000		X	X	X	X					
Golf Towel***	\$750		X	X	X	X				X	
Open Bar	\$750		X	X	X	X					X
Golf Ball Sponsor (1)	\$600		X	X	X	X					
Snack Sponsor (1)	\$500		X	X	X	X					
Putting Contest (1)	\$500		X	X	X	X					
Practice Green (1)	\$500		X	X	X	X				X	
Closest to the Pin	\$500		X	X	X	X				X	
Longest Drive	\$500		X	X	X	X				X	
Drink on the Links	\$250		X	X	X	X			X		
Hole Sponsor	\$100									X	

* May also donate breakfast or lunch

** If hole insurance provided by sponsor - \$0

*** If golf towels provided by sponsor (150) - \$0

Sponsor Level: _____

Cost: _____

Name of Business: _____

Address: _____

POC Name: _____

POC Email and Phone: _____