



LANCASTER TEXAS  
CHAMBER OF COMMERCE

# 2019 INLAND PORT MASTERS

## Sponsorship Levels

### Platinum \$5,000

- Two Teams
- Hole Signage
- Logo on Sign In Banner
- Recognition and Two Minutes at Dinner
- One Year Free Membership to LCOC
- Five Minute Introduction at the LCOC Luncheon with Free Table

### Gold \$4,000

- Two Teams
- Hole Signage
- Logo on Sign In Banner
- Recognition at Dinner
- One Year Free Membership to LCOC
- Free Table at LCOC Luncheon

### Silver \$3,000

- Two Teams
- Hole Signage
- Logo on Sign In Banner
- Recognition at Dinner
- One Year Free Membership to LCOC

### Bronze \$2,000

- One Team
- Hole Signage
- Logo on Sign In Banner
- Recognition at Dinner
- One Year Free Membership to LCOC

### Cart Sponsor \$750

Sign on Drink Carts

### Lunch Sponsor \$500

Signage/Recognition at Lunch

### Dinner Sponsor \$1,000

Signage/Recognition at Dinner

### Hole Sponsor \$150

Sign at Designated Hole

### Trophy Sponsor \$750

Recognition at Dinner

### Putting Green Sponsor \$500

Signage at Putting Green

### Long Drive Sponsor \$300 (x2)

Sign at Designated Hole

### Closest to the Hole Sponsor \$300 (x4)

Recognition at Dinner (Representative Presents Trophy)

### Longest Putt Sponsor \$200 (x2)

Recognition at Dinner

### Driving Range Sponsor \$500

Sign at Range

### Goodie Bag Sponsor \$250

Logo on Bag

### Photo Sponsor \$500 (LCOC with Logo)

Logo on Bag



LANCASTER TEXAS  
CHAMBER OF COMMERCE

# 2019 INLAND PORT MASTERS

## Sponsorship Levels

### Cannon Hole Sponsor \$500

- \$20 For Cannon Shot (Charity)
- Sign at Designated Hole

### Putting Contest Sponsor \$300

- Sign at Putting Contest
- Your Prize for Winner(s)

### Sponsorship Registration:

COMPANY NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
SPONSORSHIP(S) \_\_\_\_\_  
CHECK ENCLOSED: \_\_\_\_\_ INVOICE US: \_\_\_\_\_ C.C. \_\_\_\_\_

### Team SIGN UP: (\$125/player or \$450 for foursome)

COMPANY NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
Player Names/Handicaps \_\_\_\_\_  
CHECK ENCLOSED: \_\_\_\_\_ INVOICE US: \_\_\_\_\_ C.C. \_\_\_\_\_