

Collinsville Chamber of Commerce

Golf Play Day

FRIDAY, APRIL 19, 2019

Arlington Greens Golf Course, 200 Arlington Dr.



REGISTRATION FORM

Registration and breakfast begin at 9 a.m. with the shotgun start at 10 a.m.. Fees include 18 holes of golf with a cart, breakfast, lunch, free beer and soft drinks on the course, dessert reception, and chance to win attendance prizes. An awards reception with beverages and desserts will be held at the end of the event. All golfers must be paid in full by Friday, April 12. Teams play in flights according to score. Individual players will be placed combined with other teams to make a foursome.

Company: _____

Contact: _____ Phone Number: _____

TEAM 1

List the names of those playing

TEAM 2

List the names of those playing



Fees

_____ Total cost at \$85 per person or \$340 for a foursome if paid before April 1
\$90 per person or \$360 for a foursome after April 1

_____ Skins at \$20 per foursome (must participate in the skins game as a foursome)

_____ Mulligans at \$5 (\$20 for a foursome)

_____ Amount enclosed

Receipts will be provided upon request. For additional information, call 618-344-2884.

Return form and mail payments to: Collinsville Chamber of Commerce
221 West Main Street, Collinsville, IL. 62234

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SPONSORS! Choose HOW to participate:

_____ **Tee Box Sponsor** \$100 Sponsorship
Signage on a tee box. Name included in the program.

_____ **Golf Flag Sponsor** \$150 Sponsorship (Only 18 Available)
Golf flag with your company logo. Name included in the program. Keep your souvenir flag or bring it back next year for a discounted sponsorship. 2018 hole sponsors will be guaranteed first option for golf flag sponsorship in the 2019 Golf Play Day.

_____ **Specialty Sponsor** (contests, lunch, reception, unique aspect) \$250 and a prize donation
Includes, breakfast, lunch, and course beverages for four staff members.
Signage at the sponsored location or tee box.
Logo in the program and on promotional event flyer.
On-site display opportunity at sponsored location or tee box.
Present donated prize during awards ceremony (if applicable).

THANK YOU FOR YOUR CONTRIBUTION!

Company Name: _____

Contact Name: _____

Address: _____

Phone Number: _____ email: _____

Check Enclosed: \$ _____

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Send or deliver this form to: Collinsville Chamber of Commerce
221 West Main Street, Collinsville, IL. 62234