Collaborative Healthcare Urgency Group (CHUG) 2017 CHUG Annual Golf Outing

Old Orchard Country Club, 700 W. Rand Road, Mt. Prospect



September 12th 11:00 am to 7:00 pm (Shotgun Start)

IT IS HEREBY AGREED, by and between Collaborative Healthcare Urgency Group and

	, the following sponsorship agreement:
COMPANY NAME:	
CONTACT NAME:	
ADDRESS:	
PHONE NUMBER:	EMAIL:

Types of Sponsorships (Circle Sponsorship Choice):

Sponsorship type	Cost	Sponsorship Perks
Hole Sponsorship	\$200	 Recognition as Sponsor of Hole in Program
noie Sponsorsnip		Signage at the Hole
		 1 Lunch and 1 Dinner Ticket Included
Golf with Dinner	\$160	 18 Holes of Championship Golf
		 Golf Cart with GPS Yardage System
		 Bag Drop Attendants & Club Cleaning
		Tournament Scoreboard
		Hole Contest Stakes
		 Locker Room Facilities with Attendant
		Driving Range
		2 Drink Tickets
		 Lunch and Dinner Included
Foursome with Dinner	\$620	Same as above for 4 people
	\$50	Dinner at 5 pm with all the golfers
Dinner Only		
Discount for Heroes		If you're a policeman, fireman, EMT, EMA rep, Veteran or active- duty military personnel apply a \$20 discount
TOTAL DUE		

Golf Outing Sponsorship Rules & Regulations:

- The 2017 CHUG Golf Outing is Tuesday, September 12th,11:00 am to 7 pm.
- The golf outing will consist of one round of 18 holes with a shotgun start, lunch, dinner, 50/50 raffle and networking.
- Payment of sponsorship fees are due no later than Friday, August 25th.
- You will not be considered a sponsor until payment has been received.
- Hole sponsors should arrive no later than 10:15 a.m.
- Only one (1) attendee is included in the hole sponsorships (extra tickets must be purchased).
- No outside food or alcohol is allowed at the golf course.
- Tables and chairs are included at the hole.
- Sponsors can bring business cards, flyers and other promotional items to pass out to the attendees and network with attendees throughout the event and during dinner.
- Sponsors will be featured on the event webpage, the 24-hour reminder blast and in any additional correspondence that is sent to attendees.

Golfer #1	Golfer #2			
Golfer #3	_ Golfer #3			
Payment I	nformation			
NAME:				
ADDRESS:				
FORM OF PAYMENT: □ Credit Card (continue b	elow) 🗆 Check 🗆 Cash			
CREDIT CARD: AMEX Visa MasterCard Discov	ver AMOUNT DUE: \$			
CARD NUMBER:	EXP. DATE:			
SIGNATURE:				
Fax completed form to: 847-639-9250 Mail to: CHUG, 2250 East Devon, Unit 124, Des Plaines, IL 60018				

For Sponsorship Information contact Jennifer Prell at <u>Jennifer.Prell@Elderwerks.com</u> or Gerry Mitranga at <u>Mitrenga@sbcglobal.net</u>.