



The Cerebral Palsy Center TEE IT UP! 2010 Golf Tournament Holston Hills Country Club

Monday October 25, 2010

Sponsorship Levels

- Presenting Sponsor.....\$5,000** *Co-Sponsors Carr Rehab and Permobil \$2,500 ea.*
 - *Recognition on all promotional materials
 - *Two Golf Teams (\$1,400 value)
 - *Linkage on Cerebral Palsy Center website
 - *Signage at Tournament Entrance
 - *Recognition in Cerebral Palsy Center newsletter
 - *Name recognition at other Cerebral Palsy Center events
- Golf Cart Sponsor.....\$2,500** *Invacare*
 - *Recognition on all Golf Carts
 - *Six players in Tournament (\$1,200 value)
 - *Listed at other Cerebral Palsy Center events
 - *Logo linkage on Cerebral Palsy Center website
 - *Recognition in Cerebral Palsy Center newsletter
- Driving Range Sponsor.....\$1,000**
 - *Signage at Driving Range
 - *One Team in Tournament (\$700 value)
 - *Recognition in Cerebral Palsy Center newsletter
 - *Recognition on Cerebral Palsy Center website
- Putting Contest Sponsor... \$1,000**
 - *Signage at Putting Green
 - *One Team in Tournament (\$700 value)
 - *Recognition in Cerebral Palsy Center newsletter
 - *Recognition on Cerebral Palsy Center website
- Hole-In-One Sponsor.....\$750** *Comfort Company*
 - *Signage at Sponsored Hole
 - * 2 Players in Tournament (\$400 value)
 - *Recognition on Cerebral Palsy Center website
- Hole Sponsor.....\$500**
 - *Recognition at Tournament on Sponsor Banner
 - *Two players in Tournament (\$400 value)
 - *Recognition on Cerebral Palsy Center website
- Flag Sponsor.....\$250**
 - *Name on Flag at Sponsored Hole
 - *Recognition on Cerebral Palsy Center website

Yes I want to be the above checked sponsor for the **Cerebral Palsy Center** Golf Tournament, Oct. 25, 2010

Sponsor Name: _____ Phone: _____

How you would like your name listed _____

Address: _____ E-mail: _____

____ Enclosed is my check ____ Please bill my card (Circle one: VISA MC DISC AMEX) ____ Invoice me

Name as it appears on card _____

Card# _____ Amount: _____ Exp. Date _____

Billing address for card _____ CSV code: _____

No I cannot attend or sponsor your event but please accept my donation of _____

Mail to Cerebral Palsy Center, 241 E Woodland Ave, Knoxville, TN 37917 or call (865)523-0491 for more info