



# 18th Annual Odis Hill Memorial Golf Tournament

March 22, 2024

Pinecrest Country Club-Longview

A Fundraiser for the  
Boys & Girls Clubs of the Big Pines

## Sponsorship Agreement 2024

Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I would like my name/company to appear in event materials as follows:

Please send logo to Brooke@BeGreatEastTexas.com. (.jpg or .png format preferred)\*

\*While we will make every effort, use of company colors can not be guaranteed.

### Sponsorship Levels

#### EAGLE- \$5,000

- Largest logo in all materials
- Signage at entrance & registration
- Presence in all media advertising
- Tee box sign (3' x 6')
- Two hole sign sponsorships
- May display a banner at tournament
- 6-person team

#### BIRDIE -\$2,500

- Logo in all printed materials
- Presence in social media advertising
- Signage on each golf cart
- Two hole sign sponsorships
- May display a banner at tournament
- 6-person Team

#### PAR- \$1,500

- Hospitality Tent
- Tee-box sign (3' x 6')
- Presence in media advertising
- Two hole sign sponsorships

#### TEAM/HOLE - \$1,300

- 6-person team
- Discounted hole sign

#### TEAM- \$1,200

- 6-person team

#### TEE BOX- \$500

- Tee box sign (3' x 6')

#### HOLE- \$150

- Signage on one hole

### Team Details

First Name _____	Last Name _____	Handicap _____	6-person Scramble (Amateur Only) Total handicap must equal minimum of 65 Maximum handicap of 25 per player Prizes awarded: 1st, & 2nd, in each flight. Complementary lunch 11:00 a.m.-12:15 p.m. Shot-gun Start 12:30 p.m.
First Name _____	Last Name _____	Handicap _____	
First Name _____	Last Name _____	Handicap _____	
First Name _____	Last Name _____	Handicap _____	
First Name _____	Last Name _____	Handicap _____	
First Name _____	Last Name _____	Handicap _____	

Check One: ☐ Check Enclosed for \$: \_\_\_\_\_ ☐ Invoice Address Above ☐ Credit Card

Please make checks payable to Boys & Girls Clubs of the Big Pines

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Signature of Authorizing Contributor

Date



BOYS & GIRLS CLUB  
OF THE BIG PINES



Scan Me!