

2018
HBA / DENVER SMITH
MEMORIAL GOLF OUTING
MONDAY, AUGUST 27, 2018



COUNTRY CLUB
of the NORTH

1 Club N Drive
Beavercreek, OH 45385



Four Person Scramble Tournament | 9:30 a.m. Check-in and Brunch | 11:00 a.m. Shotgun Start

Registration Options: *Early Bird Special...register by August 1 and receive \$50 off of a foursome or \$25 off an individual player and a company web banner that links to your website (art provided by registrant) displayed for 60 days on the HBA Dayton.com website.

- ☐ **\$165 - INDIVIDUAL PLAYER** Price includes: Greens Fees, Cart, Driving Range Usage, Lunch, 2 Drink Tickets and Dinner.
- ☐ **\$600 - 4-PERSON TEAM** Price includes: Greens Fees, Cart, Driving Range Usage, Lunch, 2 Drink Tickets and Dinner.

Company / Team Name _____

Player 1	Business	Email	Phone
Player 2	Business	Email	Phone
Player 3	Business	Email	Phone
Player 4	Business	Email	Phone

Sponsorship Opportunities: Upgrade the above general registration to gain even more exposure for your company!
Please select sponsorship level:

- ☐ **\$2,500 - TITLE SPONSOR** (Company logo/name on all marketing collateral for event, company web banners that link to your website (art provided by sponsor) displayed for 100 days and premium directory listing for one year on the HBA Dayton.com website, \$100 raffle prize in company name, opportunity to provide all golfers with coupon or brochure from your company).
- ☐ **\$750 - DINNER SPONSOR**
- ☐ **\$650 - HOLE SPONSOR*** *Set up a product display at one of the holes.
- ☐ **\$500 - LUNCH SPONSOR**
- ☐ **\$500 - CART SPONSOR**
- ☐ **\$250 - SCORE BOARD SPONSOR**
- ☐ **\$250 - BEVERAGE SPONSOR**
- ☐ **\$250 - HOLE SIGN / GREEN & TEE**
- ☐ **\$200 - PUTTING GREEN SPONSOR**
- ☐ **\$150 - HOLE SIGN / GREEN ONLY**
- ☐ **\$150 - HOLE SIGN / TEE ONLY**
- ☐ **\$150 - DRIVING RANGE SPONSOR**
- ☐ **\$45 - DINNER ONLY**
- ☐ **Donation** I would like to make a Raffle Prize donation to the HBA/Denver Smith Memorial Golf Outing.

Payment Information Payment Due at Time of Registration

☐ Check Enclosed ☐ Bill Credit Card



Company Name _____ Contact Name _____

Name (on card) _____ Amount _____

Credit Card Number _____ Exp _____ CV Code _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____

Please return completed entry form to:

HBA of Dayton • One Chamber Plaza, Suite 200 • Dayton, OH 45402 or email to Info@HBADayton.com