

6th Annual John Lieser Apollo High School Activities Scramble
Sponsorship Agreement Form

Territory Golf Course, 1:00 p.m., Friday, August 2, 2019

I, _____ representing _____ agree to become a sponsor for the 2019 John Lieser Apollo High School Activities Scramble.

Type of Sponsorship

_____ **Major Sponsor (\$2,500)**. Major Sponsor benefits include highlighted name recognition on all Tournament marketing and communications and on site signage during event. Also includes recognition at dinner, hole sponsorship, and registration for four golfers.

_____ **Dinner Sponsor (\$1,000)** Sponsor to provide cash contribution for dinner/social event following golf. Sponsor to receive visibility in marketing materials and on site signage during event: includes hole sponsorship, four golfers, collateral materials in golfer's packet and recognition at dinner

_____ **Course Food or Course Beverage Sponsor (\$500)** Sponsor(s) to provide cash contribution or combination of food/beverage equivalent for golfers during the event at three separate stations. Hotdogs and brats to be provided for golfers. Sponsor will receive visibility in marketing materials and on site signage including a hole sponsorship, two golfer registrations and recognition at dinner.

_____ **EAGLE Sponsor (\$300)** Includes hole sponsorship with sign, registration for one golfer, as well as special recognition at dinner.

_____ **Hole Sponsor (\$100)** This includes a sign that can be used at future events and recognition at dinner

_____ **Cart Sponsor (\$50)** Have your name identified on a golf cart as a "Proud Sponsor of the 2015 John Lieser Apollo Activities Golf Scramble", and support Apollo Activities!

Sponsor checks made out to/mailed to: LEAF PO Box 1132 St Cloud MN 56302

Accounting Information

Sponsorship Amount: _____ Payment enclosed (to "LEAF") _____ (Y/N)

Billing Instruction: _____

Credit Card Information (optional) **Card Name:** Visa Master Card Discover
Card # _____ Exp Date: _____

Sponsor Information

Business Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email address: _____

Optional: Please identify the Apollo Activities Program you wish to directly benefit from your Sponsorship: _____