

# 10th Annual John Lieser Apollo Activities Golf Scramble

## Sponsorship Agreement Form

Territory Golf Course, 12:00pm, Monday July 29th, 2024

I, \_\_\_\_\_ representing \_\_\_\_\_ agree to become a sponsor for the 2024 John Lieser Apollo High School Activities Scramble.

### Type of Sponsorship

\_\_\_\_\_ **Platinum Sponsor (\$2,500)** Platinum Sponsor benefits include highlighted name recognition on all Tournament marketing and communications and on-site signage during the event. Also includes recognition at dinner, hole sponsorship, and registration for four golfers. Other benefits can be arranged with the Activities Department.

\_\_\_\_\_ **Major Sponsor (\$1,000)** Major Sponsor benefits include highlighted name recognition on all Tournament marketing and communications and on-site signage during the event. Also includes recognition at dinner, hole sponsorship, and registration for four golfers.

\_\_\_\_\_ **Course Food or Course Beverage Sponsor (\$500)** Sponsor(s) to provide cash contribution or combination of food/beverage equivalent for golfers during the event. 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.

Sponsorships can be completed online at

<https://leaf742.org/events/apollo-activities-golf-scramble/>

Or

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

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### 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: \_\_\_\_\_ CVV \_\_\_\_\_

### 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: \_\_\_\_\_