

The 18th Annual Northern Nevada Dental Health Programs /

Joel F. Glover, DDS Charity Golf Tournament 2020

Benefiting the Underserved in our Community. Non-profit tax ID #88-0411192

Place: Red Hawk Golf Club, Sparks

Date: Friday, September 25, 2020

Times: 7:00 a.m. ~ Breakfast & Golfer Check-In

8:00 a.m. ~ Tee Times begin or Shotgun Start (depending on NV restrictions)

12:30 p.m. ~ BBQ Lunch, Raffle & Awards (est. time after golf & depending on NV restrictions)

Format: Scramble

Mulligans: available for purchase at tournament

Sponsorship/Participation Opportunities

MAJOR SPONSOR

\$5,000

- ❖ Your Company name/logo prominently advertised on golfer's gift
- ❖ Pre- and post-event publicity including social media
- ❖ Special recognition during tournament and BBQ
- ❖ Tee & Course Signage including invitation for company representation on course
- ❖ One (1) foursome reservation to play

HOLE / TEE SPONSOR

\$1,950

- ❖ Your company name/logo on Tournament golfer's program and signage
- ❖ Special recognition during tournament, BBQ, and social media
- ❖ Tee Signage including invitation for company representation on course
- ❖ One (1) foursome reservation to play

FOURSOME: \$ 990

BREAKFAST SPONSOR: \$1,100

INDIVIDUAL ENTRY TO PLAY: \$ 275

BBQ LUNCH SPONSOR: \$1,800

HOLE-IN-ONE/CASH PRIZE: \$ 500

HOLE-IN-ONE SPONSOR/Vehicle contact us

HOLE SPONSOR ONLY: \$ 550

ADDITIONAL GUEST FOR BBQ \$ 40

❖ Name on Signage: _____

(spouses/friends/family welcome to join you at BBQ, please RSVP)

FRIENDS OF NNDHP GIFT: \$ 250

(can't attend tournament but want to support)

Player Registration

(All are welcome: Singles, Twosomes, Foursomes or we'll pair you up)

TEAM (SPONSOR'S) NAME: _____

Golfer #1 _____

Email: _____

Phone: _____

Golfer #2 _____

Email: _____

Phone: _____

Golfer #3 _____

Email: _____

Phone: _____

Golfer #4 _____

Email: _____

Phone: _____

*If you have a team pairing preference please state: _____

I am able to participate this year please enter us in the above circled entry:

OR I am unable to participate but would like to sponsor the above circled level:

TOTAL AMOUNT ENCLOSED \$ _____ (Check, Visa, MasterCard, Discover, or Amer Xpress)

_____ Exp. Date: ____ / ____

Sec. code: _____ Statement Zipcode: _____ Name on Card: _____

Send to: Northern Nevada Dental Health Programs, 5605 Riggins Court, Suite #101A, Reno, NV 89502,
O: (775) 337-0296, or **FAX to: (775) 337-0298** or **email: nds@nndental.org / www.nndhp.org**