

Join us for the Scott Medlock – Robby Krieger St. Jude Invitational
on Monday, August 29, 2011 at the Moorpark Country Club

SPONSORSHIP SELECTION*

PLEASE CHECK APPROPRIATE SPONSORSHIP(S):

(For more information about sponsorship benefits, please visit www.stjude.org/medlockkrieger.)

- Title Sponsor (12 players) (32 VIP Concert tickets) – \$50,000
- Presenting Sponsor (4 available) (8 Players) (24 VIP Concert tickets) – \$25,000
- Concert Sponsor (8 players) (18 VIP Concert tickets) – \$15,000
- Major Tee Gift Sponsor (6 available) (8 players) (16 VIP Concert tickets) – \$10,000
- Golf Cart Sponsor (4 players) (12 VIP Concert tickets) – \$7,500
- Golf Awards Dinner Sponsor (4 players) (8 VIP Concert tickets) – \$5,000
- Opportunity Drawing Sponsor (4 players) (8 VIP Concert tickets) – \$5,000
- Water Sponsor (4 players) (8 VIP Concert tickets) – \$5,000
- Photography Sponsor (4 players) (8 VIP Concert tickets) – \$5,000
- Sign Sponsor (4 players) (8 VIP Concert tickets) – \$5,000
- Lunch Sponsor (4 players) (6 VIP Concert tickets) – \$4,000
- Cocktail Sponsor at Golf Tournament (4 players) (6 VIP Concert tickets) – \$4,000
- Wine Sponsor at Concert (4 players) (6 VIP Concert tickets) – \$4,000
- Breakfast Sponsor (4 players) (6 VIP concert tickets) – \$4,000
- Executive Sponsor (multiple available) (4 Players) (4 VIP concert tickets) – \$3,000
- Contest Sponsor (6 available) (2 Players) (4 VIP Concert tickets) – \$1,500
- ___ Individual Playing Spot (call for availability) – \$750

NON-GOLF SPONSORSHIPS

- Tee Box Sponsor (multiple available) – \$1,500
- Beat The Pro Sponsor – \$1,000
- Long Drive Champion Sponsor – \$1,000
- Massage Therapy Sponsor – \$1,000
- Cigar Sponsor – \$750
- Full-page Acknowledgement in Event Program (multiple available) – \$500
- Tee/Green Sponsor (multiple available) – \$300
- ___ Additional Concert ticket – \$50

DONOR INFORMATION

Name: _____

Company: _____

*(As you want it to appear in the event program.)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Tournament Board Contact: _____

PAYMENT

Enclosed is my check for \$ _____

OR

Charge my credit card VISA _____ MC _____ AMEX _____ DISC _____

Card #: _____ Expiration: _____

Name on Card: _____

Signature: _____

Please make checks payable to *St. Jude Children's Research Hospital*.

Please forward Agreement Form to:
ALSAC/St. Jude Children's Research Hospital
ATTN: Medlock-Krieger Invitational
12365 Lewis Street, Suite 101, Garden Grove, CA 92840
phone: 800-227-6737, fax: 714-663-7222
jamie.ramsay@stjude.org

ALSAC/St. Jude Children's Research Hospital
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