



NORMAN
REGIONAL
Health System

FOUNDATION

Premier Golf Classic | October 14, 2025

- ☐ **Presenting Sponsor (\$10,000)** – Fees for two teams (8 golfers) and gift bags, Company logo on player appreciation gift, Opportunity to provide company branded products for player gift bags, Presenting sponsor recognition in all event advertising and Foundation social media, Opportunity to provide corporate banner for display on the course, Special recognition during tournament day announcements, Recognition on tournament day signage
- ☐ **Technology Sponsor (\$5,000)** – Fees for one team (4 golfers) and gift bags, Opportunity to provide company branded products for player gift bags, Logo recognition on mobile app, Logo recognition on live leaderboard, Logo recognition on digital score cards, Logo recognition in all digital advertising and Foundation social media, Provide corporate banner for course display, Recognition on tournament day signage
- ☐ **Double Eagle Sponsor (\$5,000)** – Fees for two teams (8 golfers) and gift bags, Opportunity to provide company branded products for player gift bags, Logo recognition in all event advertising and Foundation social media, Opportunity to provide corporate banner for display on the course, Special recognition during tournament day announcements, Recognition on tournament day signage
- ☐ **Volunteer Sponsor (\$3,500)** – Fees for one team (4 golfers) and gift bags, Logo recognition on tournament volunteer apparel, Opportunity to distribute corporate information to players, Recognition on tournament day signage
- ☐ **Eagle Sponsor (\$2,500)** – Fees for one team (4 golfers) and gift bags, Opportunity to provide company branded products for player gift bags, Logo recognition in all event advertising and Foundation social media, Recognition on tournament day signage
- ☐ **Beverage Cart Sponsor (\$2,500)** – Fees for one team (4 golfers) and gift bags, Opportunity to provide company branded products for player gift bags, Logo recognition on beverage carts, Recognition on tournament day signage
- ☐ **19th Hole Sponsor (\$2,000)** – Fees for one team (4 golfers) and gift bags, Logo recognition at 19th Hole Reception (signage, table tents, announcements), Opportunity to distribute corporate information to players, Recognition on tournament day signage
- ☐ **Golf Towel Sponsor (\$2,000)** – Fees for one team (4 golfers) and gift bags, Logo recognition on tournament golf towels, Opportunity to distribute corporate information to players, Recognition on tournament day signage
- ☐ **Meal Sponsor (\$1,500)** – Fees for one team (4 golfers) and gift bags, Logo recognition at Breakfast or Lunch, Opportunity to distribute corporate information to players, Recognition on tournament day signage
- ☐ **Contest Sponsor (\$1,500)** – Fees for one team (4 golfers) and gift bags, Logo recognition at one game/contest, Opportunity to distribute corporate information to players, Recognition on tournament day signage Contests
- ☐ **Gift Bag Sponsor (\$1,500)** – Fees for one team (4 golfers) and gift bags, Logo recognition on all golfer gift bags, Opportunity to distribute corporate information to players, Recognition on tournament day signage
- ☐ **Putt for a Prize Sponsor (\$1,000)** – Logo recognition at Putting Green, Recognition on tournament day signage, Option to donate prizes for contest.
- ☐ **Driving Range Sponsor (\$1,500)** – Fees for 2 golfers and gift bags, Logo recognition at Driving Range, Recognition on tournament day signage
- ☐ **Team Sponsor (\$1000)** - Fees for 4 golfers and gift bags
- ☐ **Hole Sponsor (\$500)** – Logo recognition at one tee box

Sponsorship Contract

Company Information

Company: _____

Sponsorship Contact: _____

Email: _____

Company Address: _____

City/State/Zip: _____

Phone: _____

**Sponsorship contact will receive all event-related communications and materials*

Event	Sponsorship Level	Amount
TOTAL:		

Payment Options:

☐ Check - Please make checks payable to Norman Regional Health Foundation

☐ Invoice - All payment is due 30 days upon invoice

• Billing Preference: ____ By Event ____ One-Time Payment

Signature

Date



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