

The 22nd Annual Northern Nevada Dental Health Programs /

Joel F. Glover, DDS Charity Golf Tournament 2024

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

Place: Red Hawk Golf Club, Sparks

Date: Friday, September 20, 2024

Times: 7:45 a.m. ~ Shot-gun Start, Golfer Check-In, & Breakfast

BBQ Lunch, Raffle Winners & Awards (*immediately after golf*) ~ Events Center

Format: Scramble

Mulligans: available for purchase at tournament

Sponsorship/Participation Opportunities

TITLE SPONSOR

\$ negotiable, contact us

- ❖ Your Company name/logo prominently advertised on golfer's gift
- ❖ Pre- and post-event publicity including social media
- ❖ Special recognition during tournament
- ❖ Tee & Course Signage including invitation for company representation on course **(up to 2 persons)*
- ❖ One (1) foursome reservation to play

MAJOR SPONSOR

\$4,000

- ❖ See attached flyer

HOLE / TEE SPONSOR

\$2,000

- ❖ Tee Signage including invitation for company representation on course **(up to 2 persons)*
- ❖ One (1) foursome reservation to play

* 2 ea. Company representatives out on course included in above sponsorships, any additional add \$40 per person

FOURSOME: \$1,100

FOOD & BEVERAGE SPONSOR: \$1,500

INDIVIDUAL ENTRY TO PLAY: \$ 300

LOGO GOLF BALL SPONSOR: \$1,200

HOLE SPONSOR ONLY: \$ 550

GOLFER GIFT SPONSOR: \$2,000

- ❖ Name on Signage: _____

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

HOLE-IN-ONE Vehicle SPONSOR contact us

FRIENDS OF NNDHP GIFT: \$ 350 Suggested
(unable to 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 _____

Golfer #2 _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Golfer #3 _____

Golfer #4 _____

Email: _____

Email: _____

Phone: _____

Phone: _____

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

I am able to participate this year please enter us in the above circled sponsorship/participation level:

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, **FAX: (775) 337-0298**, Email: nnds@nndental.org W: nndhp.org / nnds.org

ONLINE REGISTRATION: <https://bestcardteam.com/NNDHPSpons/>