FAIRWAYS FORE FUTURES GOLF CLASSIC
PRESENTED BY MIKE & JOANNIE BUCKLEY
MONDAY, AUGUST 28, 2023
SONOMA GOLF CLUB
17700 ARNOLD DRIVE, SONOMA, CA
FOUR PERSON SCRAMBLE | LIMITED TO 144 PLAYERS

9:30 AM REGISTRATION & BREAKFAST
11:00 AM SHOTGUN START
3:30 PM AWARD RECEPTION, RAFFLE, & DINNER

PRIZES AWARDED TO: 1ST, 2ND & 3RD PLACE, LONGEST DRIVE, CLOSEST TO PIN, PUTTING CONTEST

TO REGISTER VISIT BGCSONOMA.ORG/GOLF

100 W VERANO AVE. | SONOMA CA 95476 | QUESTIONS? CONTACT MICHAEL IRVINE AT 707.938.8544 X104
SPONSORSHIP LEVELS

ACE SPONSOR $10,000
- (2) Foursomes
- Logo recognition on golf apparel
- Prominent signage displayed at the event
- Commemorative flag (yours to keep!) to fly on the green the day of the Golf Classic
- Mention in all marketing related materials (print and digital marketing, e-blasts, social media, press, program, etc.)
- Dedicated business banner with your name displayed in the BGCSV gym for one year
- Logo and link on event website

BIRDIE SPONSOR $2,500
- (1) Foursome
- Company tee sign
- Mention in all marketing related materials (print and digital marketing, e-blasts, social media, press, program, etc.)
- Listing and link on event website

EAGLE SPONSOR $5,000
- (1) Foursome
- Logoed Tee Prize chosen from available options
- Commemorative flag (yours to keep!) to fly on a green the day of the Golf Classic
- Company tee sign
- Mention in all marketing related materials (print and digital marketing, e-blasts, social media, press, program, etc.)
- Logo and link on event website

TEE SIGN SPONSOR $200
- Name/logo on tee sign at tee box on course

OUR DOORS LEAD TO GREAT FUTURES!
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A BENEFIT FOR BOYS & GIRLS CLUBS OF SONOMA VALLEY

REGISTRATION INFORMATION

- $10,000 Ace Sponsor
- $5,000 Eagle Sponsor
- $2,500 Birdie Sponsor
- $1,500 Cart Sponsor
- $1,600 Foursome
- $200 Tee Sign Sponsor
- $200 (8) Raffle Tickets
- $100 (3) Raffle Tickets
- $40 (1) Raffle Ticket

Sorry, I cannot attend but would like to support BGCSV with a donation in the amount of

- $100
- $250
- $500
- $1,000
- Other $_________

Name/Sponsor: ______________________________________________________________________________________
Contact Person: ______________________________________________________________________________________
E-Mail: _______________________________________________________________________________________________
Address: ________________________________________ City/St/ZIP: _________________________________
Phone: ______________________________________________________ Phone Type: □ Office □ Mobile □ Home

Team Name: _______________________________________________________________________________________
Player 1 Name: __________________________________________________________ Shirt Size: _____________ M/F
Phone: ________________________ Email: _______________________________________________________________

☐ I am a Boys & Girls Clubs or Teen Services Alumnus
Player 2 Name: __________________________________________________________ Shirt Size: _____________ M/F
Phone: ________________________ Email: _______________________________________________________________

☐ I am a Boys & Girls Clubs or Teen Services Alumnus
Player 3 Name: __________________________________________________________ Shirt Size: _____________ M/F
Phone: ________________________ Email: _______________________________________________________________

☐ I am a Boys & Girls Clubs or Teen Services Alumnus
Player 4 Name: __________________________________________________________ Shirt Size: _____________ M/F
Phone: ________________________ Email: _______________________________________________________________

☐ I am a Boys & Girls Clubs or Teen Services Alumnus

PAYMENT METHOD
Credit Card Type: □ Visa □ MasterCard □ Amex OR □ Check Enclosed: $ __________________
Card Holders Name: _______________________________________________________________
Card Number: ____________________________ Exp. Date: __________ Sec. Code: __________
Authorized Signature: ____________________________ Date: _________________________
Billing Address: ______________________________________________________________________________________

Checks preferred. You may also make a donation by calling (707) 938-8544, ext. 105 or 104
DONATION FORM

DONOR INFORMATION:

Name/Company (as your would like it on printed materials):

Mailing Address:
City/State/ZIP:
Primary Contact:
Phone: Email
Secondary Contact:
Phone: Email

ITEM INFORMATION:

Full Donation Description:

Fair Market Value: $

If you wish to provide additional details on your donations, including a detailed description or restrictions, please email Michael Irvine at mirvine@bgcsonoma.org.

Date for Pick-up ___________ Time for Pick-up ___________ Certificate Provided By: □ Club  □ Donor

Donor Signature____________________________________________________ Date____________________________

Please return your donation form to Arlene Roman at aroman@bgcsonoma.org or to the address below. Our Federal Tax ID is 94-1579901.