

Camp Soaring Eagle provides medically safe camping programs for children with serious illness at no cost to the campers and families.

CampSoaringEagle.org

MAY 16
8:00AM

2015

TRILOGY GOLF CLUB AT VISTANCIA

*Winning team will advance to the Western Sectional at Pinehurst #2

Includes: Airfare, Hotel, 3 Rounds of Golf & Food

2 PERSON BETTER BALL NE

SWAG • SWAG • SWAG

With your \$199 entry fee, you will recieve a swag bag worth \$60
Nike Lunar Control 3 Golf Shoes worth \$100
BREAKFAST • GOLF • LUNCH







TOURNAMENT DETAILS

REGISTRATION FEE:

Early Bird Golfer - \$199 includes: golf, breakfast & lunch After April 17th - \$225 - Space is limited Sponsorships Available - see attached

SCHEDULE OF EVENTS:

7:00AM Breakfast and Registration

8:00AM Shotgun Start

Format: 2 Person Better Ball (Net)

Lunch and Awards immediately following golf.

Raffle and Auction to benefit Camp Soaring Eagle.

MERCEDES-BENZ LOCAL DEALER TOURNAMENT

*Must have a registered GHIN number in order to advance to Pinehurst. The Mercedes-Benz Dealer Championship is a nationwide amateur-only golf program for men and women, 21 years or older. Two man teams will compete for a spot on the dealer team that will advance to the Sectional Tournament in the fall.

AMAZING AUCTION PACKAGES

Napa Valley Winemaker Tour • Shopping Getaway Ultimate Sports Getaway • New York Broadway Pebble Beach Golf Experience and Much More!

HOLE IN ONE PRIZE 2015 MERCEDES-BENZ GLA250



2015

SPONSOR BENEFITS

| | Title | Eagle | Laughter | Fore The Kids | Tee Hole |
|--|-----------|----------|----------|------------------|---------------------------|
| Corporate Tent on Hole *** | √ | ✓ | ✓ | ✓ | |
| Market Goods/Services | √ | ✓ | √ | ✓ | |
| Speaking Opp. at Awards Ceremony | √ | | | | |
| Golfers | 16 | 12 | 8 | 4 | |
| Goodie Bag Inserts ** | ✓ | √ | √ | ✓ | ✓ |
| Print Recognition* | | | | | |
| Sponsor Banner* | Logo | Logo | Logo | Logo | Listing |
| Logo on Golfer Gift* | √ | | | | |
| Tee Sign on Designated Hole* | √ | ✓ | √ | √ | \checkmark |
| Recognition on Promo Materials* | √ | √ | ✓ | ✓ | $\overline{\hspace{1cm}}$ |
| Ad/Listing In Program* | Full Page | 1/2 Page | 1/4 Page | Listing | Listing |
| Electronic Recognition | | | | | |
| E-blast - Recognition at Sponsor Level | ✓ | ✓ | ✓ | ✓ | √ |
| Website Recognition & Hyperlink | √ | √ | √ | ✓ | √ |
| Thank you E-blast | ✓ | √ | ✓ | ✓ | ✓ |
| Seats at the 2015 Annual Affair | | | | | |
| November 14, 2015 Scottsdale, Arizona | 8 | 4 | | | |

^{*} All print and recognition are subject to print deadline of May 1st.

Sponsor to provide high resolution version of logo by April 10th to tiffany@campsoaringeagle.org.

For Questions regarding sponsorships please contact:

Joan Kaminski at 602.842.1168 or jkaminski@campsoaringeagle.org

^{**} Sponsor to provide 100 items no later than May 8th.

^{***} Hole Assignments based on sponsorship level and order of commitment.



2015

8:00 AM
TRILOGY AT VISTANCIA

I wish to participate in the 2015 MB of Arrowhead Open as selected below: *Prices increase after April 17th

| Individual Golfer - \$199 *(\$225) | ual Golfer - \$199 *(\$225) Twosome - \$398 *(\$450) Foursome - \$796 | | | | |
|---------------------------------------|---|---|--|--|--|
| I can't attend the event, but would I | ike to make a tax-deductible donation | in the amount of \$ | | | |
| Team 1: | GHIN Number: | | | | |
| Address: | | | | | |
| City, State, Zip: | | | | | |
| | Email address: | | | | |
| Team 1: | GHIN Number: | | | | |
| Address: | | | | | |
| City, State, Zip: | | | | | |
| | Email address: | | | | |
| Team 2: | GHIN Number: | | | | |
| Address: | | | | | |
| City, State, Zip: | | | | | |
| Phone: | Email address: | | | | |
| Team 2: | GHIN Number: | | | | |
| Address: | | | | | |
| City, State, Zip: | | | | | |
| Phone: | Email address: | | | | |
| I wish to sponsor the 2015 MB of Arro | | • | | | |
| | Eagle Sponsor - \$5,000 Tee Hole Sponsor - \$500 ease use the attached sheet for addition | No Sponsorship | | | |
| Check #enclosed. Please | e make check payable to Mercedes-Ber | nz of Arrowhead | | | |
| Please charge my: American Exp | ress Discover Mastercard | Visa | | | |
| Name on Card | Credit Card # | Billing Zip | | | |
| | Expiration Date | Security Code | | | |