



Charley Hoffman Foundation Las Vegas Pro-Am
Monday, October 19, 2015 • TPC Summerlin • Las Vegas, Nevada

Sponsor/ Player Entry Form

**I wish to participate in the 2015 CH Foundation Pro-Am:
Please check one:**

- ☐ **Title Sponsor.....\$50,000**
- Eight playing spots in Pro-Am
 - Twelve special invitations to Private Party
 - Four sponsor signs
 - Corporate Logo displayed on apparel worn by Charley's caddie during the week of the Shriners Hospitals for Children Open.
 - Logo incorporated on all tournament collateral
 - Sponsorship recognition at www.charleyhoffman.com
- ☐ **Presenting Sponsor.....\$25,000**
- Four playing spots in Pro-Am
 - Eight special invitations to Private Party
 - Two sponsor signs
 - Corporate Logo displayed on apparel worn by Charley's caddie during the week of the Shriners Hospitals for Children Open.
 - Logo incorporated on all tournament collateral
 - Sponsorship recognition at www.charleyhoffman.com
- ☐ **Foundation Partner.....\$11,000**
- Four playing spots in Pro-Am
 - Two sponsor signs
 - Sponsorship recognition at www.charleyhoffman.com
- ☐ **Shirt Sponsor.....\$3,500**
- Logo identification on all tournament shirts
 - Sponsorship recognition at www.charleyhoffman.com
- ☐ **Driving Range Sponsor.....\$2,500**
- Exclusive signage on driving range
 - Sponsorship recognition at www.charleyhoffman.com
- ☐ **Hospitality Sponsor.....\$2,500**
- Exclusive at all food and beverage stations
 - Sponsorship recognition at www.charleyhoffman.com
- ☐ **Hat Sponsor.....\$2,500**
- Logo identification on all tournament hats
 - Sponsorship recognition at www.charleyhoffman.com
- ☐ **Hole Sponsor.....\$600**
- Tournament Signage located on designated tee box
 - Sponsorship recognition at www.charleyhoffman.com
- ☐ **Tournament Foursome.....\$10,000**
- ☐ **Individual Participant..... \$2,500**
- Includes breakfast, lunch, golf clinic, tournament round with PGA TOUR Professional, tournament gifts & private party invitation.



Player 1 Information:

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
E-Mail: _____ Phone: _____
Shirt Size: _____ Handicap: _____

Player 2 Information:

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
E-Mail: _____ Phone: _____
Shirt Size: _____ Handicap: _____

Player 3 Information:

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
E-Mail: _____ Phone: _____
Shirt Size: _____ Handicap: _____

Player 4 Information:

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
E-Mail: _____ Phone: _____
Shirt Size: _____ Handicap: _____

PAYMENT INFO - Type of card:

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover
Name of cardholder: _____
Card Number: _____
Expiration Date: _____ Security Code: _____
Signature: _____

Please make check payable to: Charley Hoffman Foundation
Your contribution is tax-deductible to the extent allowed by law,
excluding any goods and services received.

Please return this form to: Charley Hoffman Foundation
2851 Camino Del Rio South # 420, San Diego, CA 92108
or Fax (619) 546-6744

For additional info, please contact Megan Mahoney
at (619) 571-2390 or megan@sdjga.org