

CRMC FOUNDATION

BILL READ

G O L F C L A S S I C 

Sponsorship Agreement

Please return completed form(s) to:
CRMC Foundation Office by August 7, 2020

Company/Individual Name: _____

Contact Name: _____

Address: _____

Phone: _____ Email: _____

Yes, I accept the complimentary golf registrations. I understand in accordance with IRS guidelines, \$25 for each registration must be subtracted from my donation.

No, I do not wish to accept the complimentary registration the full amount of my donation will be deductible in accordance to IRS guidelines.

Please complete the attached team registration form for each team being sponsored.

Eagle - \$1200

Company/Individual name placed on sponsor sign, program and website
Company/Individual name at 1 tee box & on snack & beverage carts
12 Complimentary golf registrations (3 Teams)

Birdie - \$750

Company/Individual name placed on sponsor sign, program and website
Company/Individual name at 1 tee box
8 Complimentary golf registrations (2 Teams)

Par - \$500

Company/Individual name placed on sponsor sign, program and website
Company/Individual name at 1 tee box
4 Complimentary golf registrations (1 Team)

Tee - \$150

Company/Individual name placed on sponsor sign, program and website
Company/Individual name at 1 tee box

Caddy - \$50

Company/Individual name placed on sponsor sign and program

CRMC CARES - \$0

Has your company been a loyal sponsor in the past but are unable to make a payment due to the current healthcare crisis? We do not want to lose you as a valuable supporter. The CRMC Foundation will waive your Tee or Caddy sponsorship fee this year if you check this box. (Only for Tee and Caddy sponsors.)

Registration and payment can be mailed to:

CRMC Foundation
1400 W. 4th St.
Coffeyville, KS 67337

Payments are also accepted online - www.crmcinc.org/foundation

Please contact Lisa Kuehn, 620-252-1674 or foundation@crmccinc.org, if you wish to make a different kind of donation.

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G O L F C L A S S I C 

Official Entry Form

Please return completed form(s) to:
CRMC Foundation Office by August 7, 2020

Player Information:

Team Captain or Sponsor: _____

PLAYER 1 (Captain)

Name: _____

Address: _____

Phone: _____

Email: _____

PLAYER 3

Name: _____

Address: _____

Phone: _____

Email: _____

PLAYER 2

Name: _____

Address: _____

Phone: _____

Email: _____

PLAYER 4

Name: _____

Address: _____

Phone: _____

Email: _____

Payment Information:

Number of Players _____ x \$75 each \$ _____

Mulligans 2 @ \$10/person \$ _____

Day of the tournament, \$20/person \$ _____

Quick Trip to Green @ \$100/team \$ _____

Need _____ Golf Carts \$35/each \$ _____

Yellow Ball \$20/team \$ _____

Tickets to BBQ & Bingo \$40/person \$ _____

TOTAL AMOUNT \$ _____

Payment Method:

Check (made payable to CRMC Foundation)

Credit Card:

Mastercard Visa American Express Discover

Card Holder Name (please print): _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Registration and payment can be mailed to:

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Coffeyville, KS 67337

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