

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 6, 2021

Company/Individual Name: _____

Contact Name: _____

Address: _____

Phone: _____ Email: _____

Yes, I accept the complimentary golf registrations. I understand in accordance with IRS guidelines, \$65 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 - \$1,400

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 - \$1,000

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

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/bill-read-golf-tournament

Please contact Lisa Kuehn, 620-252-1674 or foundation@crmcinc.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 

August 28, 2021 Team Entry Form

Please return completed form(s) to: CRMC Foundation Office by August 6, 2021

Player Information:

Team Captain or Sponsor: _____

PLAYER 1 (Captain)

Name: _____

Address: _____

Phone: _____

Email: _____

Shirt Size (circle one): S M L XL XXL XXXL XXXXL

PLAYER 3

Name: _____

Address: _____

Phone: _____

Email: _____

Shirt Size (circle one): S M L XL XXL XXXL XXXXL

PLAYER 2

Name: _____

Address: _____

Phone: _____

Email: _____

Shirt Size (circle one): S M L XL XXL XXXL XXXXL

PLAYER 4

Name: _____

Address: _____

Phone: _____

Email: _____

Shirt Size (circle one): S M L XL XXL XXXL XXXXL

Payment Information:

Number of Players _____x\$75 each \$ _____

Mulligans \$10 each, (\$20 ea day of tournament) \$ _____

Games on Hole 1, 12, 5, 10, 16 @ \$100/team \$ _____

(\$140 day of the tournament)

Need _____ Golf Carts \$70/each \$ _____

Golf Ball Drop 1 ball \$5 \$ _____

5 balls \$20 \$ _____

Dozen balls \$50 \$ _____

TOTAL AMOUNT \$ _____

Payment Method:

Check (made payable to CRMC Foundation)

Credit Card:

Card Holder Name (please print): _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

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/bill-read-golf-tournament/

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