



The Fifteenth Annual
PRESIDENT'S CHALLENGE CUP
 for **FATHER JUDGE HIGH SCHOOL**

STEP ONE
 ENTER INFO



STEP TWO
 CONFIRMATION

STEP THREE
 RECEIPT

GOLF REGISTRATION

Qty	Description	Amount	Total
<input type="text" value="0"/>	Individual Golfer	\$650.00	---
<input type="text" value="0"/>	Dinner Guest	\$200.00	---

SPONSORSHIP REGISTRATION

Qty	Description	Amount	Total
<input type="text" value="0"/>	TITLE SPONSOR	\$10,000.00	---

Sponsorship includes:

- Foursome at Challenge Cup Tourney
- Identification as Tournament Host in local press releases, FJHS website/publications, and on Challenge Cup trophy
- Opportunity to place corporate banner and logo at event and in Fox Gym
- 1 Flag sponsorship and 1 Hole sponsorship on course
- Additional 4 Dinner guests

0	GOLD SPONSOR	\$5,000.00	---
	Sponsorship includes:		
	<ul style="list-style-type: none"> • Foursome at Challenge Cup Tourney • Company name listed as Participating Sponsor on Golf Classic signs • 1 Flag sponsorship and 1 Hole sponsorship on course 		
0	DINNER SPONSOR	\$5,000.00	---
	Sponsorship includes:		
	<ul style="list-style-type: none"> • Foursome at Challenge Cup Tourney • Signage Recognition 		
0	SILVER SPONSOR	\$3,000.00	---
	Sponsorship includes:		
	<ul style="list-style-type: none"> • Foursome at Challenge Cup Tourney • Company name listed as Participating Sponsor on Golf Classic signs • 1 Flag sponsorship on course 		
0	LUNCH SPONSOR	\$2,500.00	---
	<ul style="list-style-type: none"> • Signage Recognition 		
0	FOURSOME SPONSOR	\$2,500.00	---
	<ul style="list-style-type: none"> • Foursome at Challenge Cup Tourney • 1 Hole sponsorship on coursev 		
0	GOLF TOWEL SPONSOR	\$2,500.00	---
0	GOLF BALL SPONSOR	\$1,500.00	---
0	BEVERAGE SPONSOR	\$1,500.00	---
0	COCKTAIL RECEPTION SPONSOR	\$1,500.00	---
0	LONG DRIVE SPONSOR	\$750.00	---
0	CLOSEST-TO-PIN SPONSOR	\$750.00	---
0	FLAG SPONSOR	\$500.00	---
0	TEE SPONSOR	\$300.00	---

Calculate Total

Total: \$0.00

SPONSOR INFORMATION

First Name:

Last Name:

Company Name:

GOLFER/FOURSOME INFORMATION

First Name:

Last Name:

Email:

Phone:

Foursome Names:

PAYER INFORMATION

First Name: *

Last Name: *

Billing Address: *

Address 2:

City: *

State: * -- Select An Option --

Zip Code: *

Country: * United States of America

Email: *

A receipt will be e-mailed to this address.

Telephone: *



Name on Card: *

Card Number: *

Security Code: *

Expiration Date: * Mo Year

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Proceed to Confirmation

