



BUILDING THE DREAM KLASSIC SPONSORSHIP REGISTRATION FORM

MARCH 2-4, 2017 | PGA NATIONAL RESORT & SPA

Sponsor Company/Organization _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

SPONSORSHIPS *(please check box for sponsorship requested):*

- | | |
|---|---|
| <input type="checkbox"/> Title Sponsorship --- \$25,000 | <input type="checkbox"/> Founder Sponsorship --- \$6,000 |
| <input type="checkbox"/> Diamond Sponsorship --- \$15,000 | <input type="checkbox"/> Individual Sponsorship --- \$1,500 |
| <input type="checkbox"/> Crimson Sponsorship --- \$10,000 | <input type="checkbox"/> Social Only --- \$850 |
| <input type="checkbox"/> Cream Sponsorship --- \$7,500 | |

UNDERWRITING *(please check box for sponsorship requested):*

- | | |
|--|--|
| <input type="checkbox"/> Dinner --- \$10,000 | <input type="checkbox"/> Lighting & Audio --- \$5,000 |
| <input type="checkbox"/> Gifts & Prizes --- \$10,000 | <input type="checkbox"/> Event Shirts --- \$5,000 |
| <input type="checkbox"/> Lunch --- \$7,500 | <input type="checkbox"/> Clinics --- \$2,500 |
| <input type="checkbox"/> Breakfast --- \$7,500 | <input type="checkbox"/> Caddie Sponsor --- \$2,500 |
| <input type="checkbox"/> Reception --- \$5,000 | <input type="checkbox"/> Tee Signage --- \$1,000 |
| <input type="checkbox"/> Beverage Cart --- \$5,000 | <input type="checkbox"/> General Donation --- \$ _____ |

Total Amount Remitted: \$ _____

Signature _____ Date _____

- I am unable to attend, but am enclosing a contribution of \$ _____.
- Check enclosed made payable to *Kappa Alpha Psi Foundation, Inc.*
- Charge my credit card in full *(Please complete credit card authorization)*

Name *(As it appears on card)* _____

VISA MasterCard Discover American Express

Card # _____

Exp. Date _____ CID# _____ Signature _____

Please return to Kappa Alpha Psi Foundation, Inc., 2322-24 North Broad Street, Philadelphia, PA 19132
By Fax: 215-228-7181 | By Email: thekappaklassic@thekappafoundation.org | Questions: 215-225-6566 Ext. 34

If applicable, please provide your high resolution company logo for advertisements in JPG, EPS, PDF or PNG file format no later than January 20, 2017 to: yvette@designereventsinc.com



BUILDING THE DREAM KLASSIC PARTICIPANTS INFORMATION FORM

MARCH 2-4, 2017 | PGA NATIONAL RESORT & SPA

Please fill out for each participant and indicate the shirt sizes. Shirt sizes available are Women's and Men's S, M, L, XL or XXL.

Sponsor Company/Organization: _____

Name: _____

Email: _____

Dietary Restrictions: _____

Shirt Size: _____

Golf USGA Handicap Index _____

Tennis USTA Tennis Rating _____

Spa Social

Name: _____

Email: _____

Dietary Restrictions: _____

Shirt Size: _____

Golf USGA Handicap Index _____

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BUILDING THE DREAM KLASSIC
IN-KIND DONATION FORM
MARCH 2-4, 2017 | PGA NATIONAL RESORT & SPA

Sponsor Company/Organization _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

I AM PLEASED TO DONATE TO THE KLASSIC BY PROVIDING THE FOLLOWING:

Item name & Description:

_____	Value
_____	Value
_____	Value
_____	Value
_____	Value
_____	Value
_____	Value
_____	Value
_____	Value
_____	Value
_____	Value

Signature _____ Date _____

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