

Monday, May 6, 2024 | Bay Oaks Country Club

BENEFITTING YOUTH WITH SPECIAL NEEDS

SPONSORSHIP LEVELS

DINNER SPONS

\$5,250

OKELIN I LL SI ONSOK	45,250	COLD	42,500	
• 2 Teams of 4		Prefer Synage at awards dinner		
 Includes a hole sponsorship 		•		
Preferential company signage on collateral and at event		GOLF CART SPONSOR	\$2,000	
 Recognition at awards dinner 		 Company signage on all golf carts 		
 Reserved seating at awards dinner 				
		LUNCH SPONSOR	\$1,200	
PLATINUM SPONSOR	\$3,500	 Company signage featured in lunch area 		
• Team of 4				
 Includes a hole sponsorship 		HELICOPTER BALL DROP SPONSOR	\$1,000	
 Preferential signage at tournament 		 Ride for one person in helicopter 		
 Recognition at awards dinner 		Company signage at event		
 Reserved seating at awards dinner 		, , ,		
		BEVERAGE CART SPONSOR	\$850	
GOLD SPONSOR	\$1,500	(2 AVAILABLE)		
• Team of 4		 Company signage on beverage cart 		
Signage at tournament		 Option to decorate cart in your company colors/theme 		
INDIVIDUAL PLAYER	\$250	HOLE SPONSOR	\$250	
		Signage on a specific hole during the tournam		
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GREEN FEE SPONSOR

ALL TEAM SPONSORSHIPS INCLUDE:

- Green fee and golf carts
- Lunch and dinner
- Drinks on course and open bar at dinner
- Goodie bag for each player
- Recognition in press releases, advertising, website, event program and newsletter

\$2,500

SWING THROUGH FOR KIDS IN NEED





PRESENTS THE



MONDAY, MAY 6, 2024

Bay Oaks Country Club • 14545 Bay Oaks Blvd • Houston, Texas 77059

Registration begins at 10:30 A.M.

Tournament begins at 12:00 P.M.

Dinner & auction begins at 5:00 P.M.

PLAYER REGISTRATION FORM

SPONSORSHIP LEV	EL				
☐ Green Fee Sponsor	☐ Gold Sponsor	☐ Dinner Sponsor	☐ Lunch Sponsor	☐ Beverage Ca	rt Sponsor
☐ Platinum Sponsor	☐ Individual Player	☐ Golf Cart Sponsor	☐ Helicopter Spons	or 🔲 Hole Sponsor	
TELL US ABOUT YOU	JRSELF				
Name		Date			
Company Name					
Address					
City		State		Zip	
Phone		Email			
TEAM MEMBERS					
Player 1:	Email				
Player 2:	Email				
Player 3:	Email				
Player 4:	Email				
ADDITIONAL DINNER	GUEST (\$30 per persor	n)			
Name of Guest		Name of Gu	uest		
PAYMENT OPTIONS					
Fill out entry form below or	register online at divotsfor	devereux.org.			
□ Cash □ Check (Make	e checks payable to Dever	eux Texas) Credit Card:	□ MC □ Visa □	AmEx ☐ Discover	Amount \$
Card Number		Expiration_		Security Code	
Name on Card		Signature _			

MAIL YOUR COMPLETED FORM TO:

Devereux Advanced Behavioral Health Office of Development 1150 Devereux Drive League City, Texas 77573

NOTE: Please return by March 1, 2024, to allow ample time for printing.

HAVE QUESTIONS?

281.316.5423 or jcordts@devereux.org.

LEARN MORE ONLINE

