

Sponsorship: Company/Individual Name:
(circle the sponsorship opportunity you are purchasing)

Event Sponsor (\$1,500)

Breakfast Sponsor (\$500) Beverage Sponsor (\$500)

Longest Drive Sponsor (\$250) Closest to the Pin Sponsor (\$250)

Hole Sponsor (\$200) Goody Bag Sponsor (150 items)

Lunch Sponsor (\$500)

□ I would like to enter a team of four golfers into the NHSAA Golf Tournament. (\$500/\$125 per golfer) (Includes: meal, drinks, prizes, 18 holes & a cart)

PAYMENT MUST BE RECEIVED BY SEPTEMBER 13TH

Player #	First and Last Name	Email or Telephone Number	Primary Team Contact
1			0
2			0
3			0
4			0

In the event that a change to the tournament is made, the primary team contact will be notified.

REGISTER YOUR TEAM OR SPONSORSHIP ONLINE AT NHSALUMNIASSOCIATION.ORG

Or mail a check made payable to NHSAA and mail along with this form to:

NHSAA

c/o Stephanie Anderson 3832 Dorchester Court House Springs MO 63051

Thank you for supporting the NHS AlumniAssociation.

Proudly Serving the NHS Community since 1982!