



LITTLETON REGIONAL HEALTHCARE
28th Annual Dr. Moose Golf Tournament
OMNI Mount Washington Resort, Bretton Woods, NH
Friday, August 26, 2022

EVENT SPONSOR REPLY FORM

I/We want to sponsor this fund raising event at the following level:

- | | | |
|--------------------------|---|---------------------------------------|
| <input type="checkbox"/> | _____ Tournament Sponsor (1) | \$ 10,000 Two complimentary foursomes |
| <input type="checkbox"/> | _____ Tournament Co-Sponsor (2) | \$ 5,000 One complimentary foursome |
| <input type="checkbox"/> | _____ Post Tournament Event Sponsor (1) | \$ 5,000 One complimentary foursome |
| <input type="checkbox"/> | _____ Golf Cart Sponsor (1) | \$ 3,500 One complimentary foursome |
| <input type="checkbox"/> | _____ Golf Ball Sponsor (1) | \$ 3,000 One complimentary foursome |
| <input type="checkbox"/> | _____ Player Gift Sponsor (2) | \$ 2,500 One complimentary foursome |
| <input type="checkbox"/> | _____ Food & Beverage Sponsors(4) | \$ 2,500 One complimentary foursome |
| <input type="checkbox"/> | _____ Awards Sponsors (4) | \$ 1,500 One complimentary foursome |
| <input type="checkbox"/> | _____ Marketing Sponsors (5) | \$ 1,000 One complimentary foursome |
| <input type="checkbox"/> | _____ Coffee Sponsor Pre-Tournament | \$ 1,000 One complimentary foursome |
| <input type="checkbox"/> | _____ 18-Hole Play -Team Sponsor (36) | \$ 650 Foursome |
| <input type="checkbox"/> | _____ Hole Sponsor or Tee Sponsor (18 each) | \$ 500 or 250 |
| <input type="checkbox"/> | _____ 9-Hole Play Team Sponsor (18) | \$ 425 Foursome |

Sorry, we cannot be a sponsor, but our gift of \$ _____ is enclosed.

Check is enclosed for \$ _____ made payable to **Littleton Regional Healthcare (LRH)**

Payment by Credit Card: Visa MasterCard Discover American Express

Card # _____ Exp. _____/_____ CVV: _____

Company: _____

Company Address: _____

Authorized signature: _____

LRH Dr. Moose Golf Tournament

Sponsorships and Registration Fees



<p>Tournament Sponsor (1 opportunity available) Premier marketing opportunity as lead sponsor of event Two complimentary foursomes included Hole and tee signage Your company logo on LRH website homepage, with a link to the event sponsor website Your company banner prominently displayed at the event Name listed on signage and in community marketing</p>	\$10,000
<p>Tournament Co-Sponsor (1 reserved; 1 available) One complimentary foursome included Your company banner prominently displayed at the event Names listed on signage and in community marketing</p>	\$5,000
<p>Post Tournament Event Sponsor (1 opportunity available) One complimentary foursome included Company name displayed on table tent cards at the event Name listed on signage and in community marketing</p>	\$5,000
<p>Golf Cart Sponsor (reserved) One complimentary foursome included Company name/logo on front of each golf cart</p>	\$3,500
<p>Golf Ball Sponsor (reserved) One complimentary foursome included Sponsor logo on all golf balls</p>	\$3,000
<p>Player Gift Sponsor (1 reserved, 1 available) One complimentary foursome Company logo displayed on player gifts</p>	\$2,500
<p>Food & Beverage Sponsors (4 reserved) One complimentary foursome included Plus, your company name displayed on lunch boxes and at beverage stops</p>	\$2,500
<p>Awards Sponsors (1 reserved; 1 available) One complimentary foursome One Hole Sponsor Sign Company Name listed on signage</p>	\$1,500
<p>Marketing Sponsors (6 reserved) One complimentary foursome (18-hole game) Company name listed on signage</p>	\$1,000
<p>Coffee Sponsor Pre-Tournament (1 reserved) One complimentary foursome (18-hole game) Company name listed on signage</p>	\$1,000
<p>Team Sponsor (18 hole or 9 hole) One foursome for 18-hole game or 9-hole game Tee off for 18-Hole Game at 9 am/Tee off for 9-Hole at Noon</p>	\$650/\$425
<p>Hole or Tee Sponsor One large sign prominently featured on a green or tee Name or logo listed on signage</p>	\$500/\$250



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Team Name: _____

Please indicate if you will be attending the post tournament event!

Players

1. Name: _____ Post Tournament event: Y OR N

Address: _____

Phone: _____ Email: _____

2. Name: _____ Post Tournament event: Y OR N

Address: _____

Phone: _____ Email: _____

3. Name: _____ Post Tournament event: Y OR N

Address: _____

Phone: _____ Email: _____

4. Name: _____ Post Tournament event: Y OR N

Address: _____

Phone: _____ Email: _____

Company: _____

(As you would like it to appear in marketing materials)

Company Address: _____

Return form to:

Gail Clark, Director of Marketing & Community Relations

gclark@lrhcares.org ♦ (603) 444-9304 ♦ 600 St. Johnsbury Road ♦ Littleton, NH 03561

If you do not wish to receive future fundraising appeals, please contact us at (603) 444-9304 or gclark@lrhcares.org