

Children's Hospitals Golf Benefit

Monday, June 10, 2013 - Midland Hills Country Club

Sponsorship opportunities

★ Join us for a day of golf to support Children's. Last year's event raised \$120,000!

★ The top men's and women's twosomes playing the unique *Audi quattro Cup* format will advance to the all expenses paid North American *Audi quattro Cup* Finals - three days and two nights at Kiawah Island.



Event presented by
Twin Cities Audi Dealers

★ Foursome spots will be held for the afternoon shotgun for previous sponsors until March 1, 2013

★ For more information visit: golf.childrensMN.org

 Audi	Player position(s)	Exclusive sponsorship	Listing in golf program	Sponsorship exclusive
Presenting sponsor \$15,000 - SOLD	Four	Yes	Yes	Logo on all event marketing and throughout the course
Player gift sponsor \$7,500	Four	Yes	Yes	Logo on golf ball boxes and sleeves
Fore caddy sponsor \$5,500	Four	Yes	Yes	Logo on caddy aprons
Cart sponsor \$5,000	Four	Yes	Yes	Logo on all carts
Reception sponsor \$5,000	Four	Yes	Yes	Signage at reception
Event sponsor \$3,500	Four		Yes	Signage at tee or green
Lunch sponsor \$2,500	Four	Yes	Yes	Signage at lunch
Eagle sponsor \$1,750	Two		Yes	
Beverage sponsor \$1,500		Yes	Yes	Logo on beverage coupons distributed to all attendees
Putting green sponsor \$1,500		Yes	Yes	Signage at the putting green
Range sponsor \$1,500		Yes	Yes	Signage at the driving range
Breakfast sponsor \$1,000		Yes	Yes	Signage at breakfast
Individual Ticket \$400	One			

Event proceeds benefit the Family Needs Fund and the Pain and Palliative Care program at Children's Hospitals and Clinics of Minnesota. The Family Needs Fund helps to provide families with prescriptions, car seats, home medical equipment, transportation costs to/from appointments, and more. The Pain and Palliative Care program focuses on relieving pain for pediatric patients using a combination of state of the art pharmacology and therapies.



Children's Hospitals Golf Benefit
Monday, June 10, 2013 - Midland Hills Country Club
Sponsorship opportunities

- Sponsorship level: SOLD Tournament sponsor \$15,000
_____ Player gift sponsor \$7,500 (tax deductible \$6,600)
_____ Fore caddy sponsor \$5,500 (tax deductible \$4,600)
_____ Cart sponsor \$5,000 (tax deductible \$4,280)
_____ Reception sponsor \$5,000 (tax deductible \$4,280)
_____ Event sponsor \$3,500 (tax deductible \$2,780)
_____ Lunch sponsor \$2,500 (tax deductible \$2,400)
_____ Eagle sponsor \$1,750 (tax deductible \$1,390)
_____ Beverage sponsor \$1,500 (tax deductible \$1,400)
_____ Putting green sponsor \$1,500 (tax deductible \$1,400)
_____ Range sponsor \$1,000 (tax deductible \$900)
_____ Breakfast sponsor \$1,000 (tax deductible \$900)
_____ Individual ticket \$400 (tax deductible \$180)
_____ Donation - Amount \$_____ (100% tax deductible)

Select format of play for your group:

- _____ Chapman - Audi quattro Cup competition (2 teams of 2) _____ Scramble (foursome)
(Participants playing Chapman format must have a current USGA handicap in order to win)

Select time for your group:

- _____ a.m. Round (7:30 a.m. shotgun) _____ p.m. Round (12:30 p.m. shotgun)

Sponsor: _____

Contact name: _____

Address: _____

City, state, zip: _____

Day phone: _____

Email: _____

Please invoice me

Payment enclosed:

Check payable to Children's Foundation

Credit Card: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit card #: _____

Expiration date: _____

Signature: _____

Fax form to 612-813-7242 or mail to: Briana Oakes, Children's Foundation,
2525 Chicago Ave S MS 17-617, Minneapolis, MN 55404

Children's Hospitals Golf Benefit

Monday, June 10, 2013 - Midland Hills Country Club

Format of play for your group:

_____ Chapman - Audi quattro Cup competition (2 teams of 2)

(Participants playing Chapman format must have a current USGA handicap in order to win)

_____ Scramble (foursome)

Time for your group:

_____ a.m. Round (7:30 a.m. shotgun)

_____ p.m. Round (12:30 p.m. shotgun)

Team 1/Player #1

Name: _____

Address: _____ City, state, zip: _____

Day phone: _____ Email: _____

Home golf cub: _____ Club city, state: _____

GHIN number or USGA handicap index: _____ Will you attend the evening reception? _____

Team 1/Player #2

Name: _____

Address: _____ City, state, zip: _____

Day phone: _____ Email: _____

Home golf cub: _____ Club city, state: _____

GHIN number or USGA handicap index: _____ Will you attend the evening reception? _____

Team 2/Player #3

Name: _____

Address: _____ City, state, zip: _____

Day phone: _____ Email: _____

Home golf cub: _____ Club city, state: _____

GHIN number or USGA handicap index: _____ Will you attend the evening reception? _____

Team 2/Player #4

Name: _____

Address: _____ City, state, zip: _____

Day phone: _____ Email: _____

Home golf cub: _____ Club city, state: _____

GHIN number or USGA handicap index: _____ Will you attend the evening reception? _____

Fax form to 612-813-7242 or mail to: Briana Oakes, Children's Foundation,
2525 Chicago Ave S MS 17-617, Minneapolis, MN 55404