



34TH ANNUAL GOLF *Outing*



4 Person Scramble

\$600 per team

SEPTEMBER 4TH

- 11:30 AM Lunch & Registration
- 12:30 PM Shotgun
- Country Club of Decatur
- 135 N Country Club Rd, Decatur, IL 62521

INCLUDES:

- 18 Holes + Cart
- Lunch & Drinks
- Gift Bags
- Raffles & Prizes



Sponsorship Opportunities



Platinum Sponsor - \$2,500

- Two (2) teams (8 players) - Includes golf fees, carts, lunch, drinks, and goody bag
- One (1) Eagle hole sponsorship
- Recognition on event program, social media, and website

Gold Sponsor - \$1,500

- One (1) team (4 players) - golf fees, carts, lunch, drinks, and goody bag.
- One (1) Birdie hole sponsorship.
- Logo on event program, social media, and website.

Silver Sponsor - \$1,000

- One (1) team (4 players) - Includes golf fees, carts, lunch, drinks, and goody bag
- One (1) Par hole sponsorship.
- Logo on event program, social media, and website.

Goody Bag Sponsor - \$1,000

- Logo on all goody bags.
- Logo on event program, social media and website.

Lunch Sponsor - \$1,000

- Signage at food tables
- Logo on event program, social media and website.

Hole Sponsor - \$100-\$500

Business logo or name on sign at a hole.

- **\$500 - Eagle.** 32" x 40" Sign with Name or Logo
- **\$250 - Birdie.** 24" x 36" Sign with Name or Logo
- **\$100 - Par.** 18" x 24" Sign with Name or Logo

CONTACT TO REGISTER

Abby Moss - PR and Development Coordinator



(217)-875-8891



amoss@maconresources.org



www.maconresources.org

34TH ANNUAL

GOLF

Outing



4 Person Scramble

\$600 per team

JOIN MRI ON THE GREEN
September 4th

Swing into action with MRI!

Register now while spots last!

Registration:



Country Club of Decatur

135 N Country Club Rd, Decatur, IL 62521

Sponsorship Opportunities

- ☐ Platinum Sponsor (\$2,500)
- ☐ Gold Sponsor (\$1,500)
- ☐ Silver Sponsor (\$1,000)
- ☐ Lunch Sponsor (\$1,000)
- ☐ Goody Bag Sponsor (\$1,000)

Hole Sponsors

- ☐ Eagle Hole Sponsor (\$500)
- ☐ Birdie Hole Sponsor (\$250)
- ☐ Par Hole Sponsor (\$100)

We appreciate your support!

Contact Information

Company: _____
Contact Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Email: _____

Payment Information

☐ Check #: _____ . Please make checks payable to MRI. Memo: Golf
☐ Please bill me.
☐ Please charge my credit card. Card #: _____
Billing zip code: _____ Sec. Code: _____ Expiration: _____
Signature: _____

Team Members:

1. _____
2. _____
3. _____
4. _____

Please return form & payment by August 26th to: MRI | 2121 Hubbard Ave | Decatur, IL 62526

Attn: Abby Moss | 217.875.8891 | amoss@maconresources.org