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.

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

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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