

# Cutting Cancer Golf Outing

## Sponsorship Packet



*“Drive For A Cure”*

*Please complete and return this packet by July 10, 2021 either via:*

- Mail to 6400 Norfolk Lane, Racine, WI 53406
- Email to [cuttingcancer@gmail.com](mailto:cuttingcancer@gmail.com)

## General Information

- **What:**
  - The outing will be formatted as an **18-Hole Golf Scramble** in which players will form **teams of four** and compete.
- **When:**
  - Saturday, **07/31/21**
  - Time: Afternoon
- **Where:**
  - **Johnson Park Golf Course**
    - Address: 6200 Northwestern Ave, Racine, WI 53406
- **Why:**
  - As I found out the hard way, leukemia is a terrible disease. The challenging situations experienced by myself and many others within the cancer community motivated me to create a charitable golf outing. **All net profits made from this event will be donated to the Medical College of Wisconsin's (MCW) Leukemia Fund.** Visit our website at <https://www.cuttingcancer.org/> for more information about our stories.
- **If you would like to donate or play in this event**, please visit our website at <https://www.cuttingcancer.org/>.
- **If you have any questions**, please contact us at [cuttingcancer@gmail.com](mailto:cuttingcancer@gmail.com).
- **If you wish to sponsor this event**, please continue reading on below!
  - *All of our current sponsorship opportunities can be found in Table I (next page).*

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- **If you would like to donate or play in this event**, please visit our website at <https://www.cuttingcancer.org/>.
  - **If you have any questions, comments, or concerns**, please contact us at [cuttingcancer@gmail.com](mailto:cuttingcancer@gmail.com).

**Table I**

<b>Name of Perk</b>	<b>Description</b>	<b>Cost</b>
<b>1) Hole Sponsor</b>	<p>The organization/individual may sponsor one hole with an approximately 2' x 2' sign posted by the selected hole's tee box. Please choose from one of the following options:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Option A:</b> Each sign will contain the organization/individual's name and/or logo/image (optional) along with a short message (optional).</li> <li><input type="checkbox"/> <b>Option B:</b> Each sign will contain the name and/or logo/image (optional) of whomever the organization/individual desires to honor/recognize. <ul style="list-style-type: none"> <li><input type="checkbox"/> Examples: Family member or acquaintance fighting cancer</li> </ul> </li> </ul>	<b>\$150</b>
<b>2) Advertising Booth @ Event</b>	<p>The sponsor will be allowed to send one sales representative to the event free of charge where he/she will be allowed to promote his/her organization's business/mission. The representative may do this in any manner he/she would like (e.g. handing out coupons, free samples, etc).</p>	<b>\$100</b>
<b>3) Table Sponsor</b>	<p>The sponsor agrees to donate \$50 to the Cutting Cancer Golf Outing--which will help to cover various expenses associated with the event (e.g. green fees, catering, drink tickets, etc). Optional: In return, the event organizers will display a decorative sign with the sponsor's name at the check-in desk.</p>	<b>\$50</b>
<b>4) Sponsor A 4-Some</b>	<p>The sponsor covers the cost for a 4-some to represent him/her/them. Each player in the group will receive all perks included in the <b>Silver Registration Package</b>:</p> <ul style="list-style-type: none"> <li>● 18 holes with cart</li> <li>● Drink Ticket</li> <li>● Automatic Entry into Swing King's Hole-In-One Competition</li> <li>● Dinner</li> <li>● Add-On: 4 Mulligans</li> </ul> <p>Please visit our website at <a href="https://cuttingcancer.org">https://cuttingcancer.org</a> to learn more about our registration packages.</p>	<b>\$400</b>
<b>5) Birdie Watch</b>	<p>The sponsor agrees to donate (to the Cutting Cancer Golf Outing) <b>\$5 for every birdie and \$10 for every eagle made</b>:</p> <ul style="list-style-type: none"> <li>● On a particular hole (e.g. 12th hole).</li> <li>● On a stretch of holes (e.g. Holes 2 → 5 OR Holes 10 → 18).</li> <li>● On all 18 holes.</li> </ul> <p style="text-align: center;"><i>The sponsor may choose to set a limit on how much to donate.</i></p>	<b>\$5 / Birdie + \$10 / Eagle</b>
<b>6) Build Your Own</b>	<p>Please reach out to the Cutting Cancer Golf Outing Team at <a href="mailto:cuttingcancer@gmail.com">cuttingcancer@gmail.com</a> with any unique ideas for sponsorship not found in the perks above. We will work with you to the best of our ability in order to carry out your vision.</p>	<b>Varies</b>

- If you would like to donate or play in this event, please visit our website at <https://www.cuttingcancer.org/>.

- If you have any questions, comments, or concerns, please contact us at [cuttingcancer@gmail.com](mailto:cuttingcancer@gmail.com).

## **Sponsor Registration: General**

Please fill out the following information regarding yourself/your business.

- Name of Sponsor: \_\_\_\_\_
- Name of Your Organization (If Applicable): \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Sponsor Perks Chosen (Select As Many As You Would Like):
  - 1) Hole Sponsor
  - 2) Advertising Booth @ Event
  - 3) Expense Sponsor
  - 4) Sponsor A 4-Some
  - 5) Birdie Watch
  - 6) Build Your Own

**\*\* If you have chosen perk 1, please fill out page 5 of the form.**

**\*\* If you have chosen perk 2, please fill out page 6 of this form.**

**\*\* If you have chosen perk 3, please fill out page 7 of this form.**

**\*\* If you have chosen perk 4, please fill out page 8 of this form.**

**\*\* If you have chosen perk 5, please reference page 9 of this form.**

**\*\* If you have chosen perk 6, please reference page 9 of this form.**

- If you have chosen multiple perks, please fill out all appropriate forms.
- Once complete, please proceed to the Payment page found on page 10. Thanks!!!

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# 1) Sponsor Registration: Hole Sponsor

- **Option Chosen (Select One):**

- A
- B

- **Name To Be Displayed:**

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- **Message Chosen For Hole Sponsorship Sign (20 Word Max).**

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- Please email a (**high resolution**) image/logo to be used. Allowed file types include PDF, JPG, JPEG, and PNG. Please note that **this is optional**.

**Please email all files to [cuttingcancer@gmail.com](mailto:cuttingcancer@gmail.com).**

- \_\_\_\_\_ (insert name of sponsor) understands that \_\_\_\_\_ (insert name of sponsor) legally allows for the event organizers to utilize \_\_\_\_\_'s (insert name of sponsor) name(s) and logo(s)/image(s) in the manner(s) as dictated by Table I above. The event organizers understand that they will not misuse or tarnish the sponsor's name(s) without warrant. The event organizers also understand that the sponsor's name(s) and other identifiable information (i.e. logo(s)/image(s)) will not be used in a manner beyond the scope of Table I unless otherwise agreed upon.

- **Signature:** \_\_\_\_\_

- **Date:** \_\_\_\_\_

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## **2) Sponsor Registration: Advertising Booth @ Event**

- **Name of Representative:**
  - If you have not decided on who will be attending the event, please write “N/A” below.
  - \_\_\_\_\_
- **Representative’s E-mail:**
  - If you have not decided on who will be attending the event, please write “N/A” below.
  - \_\_\_\_\_
- **Representative’s Phone Number:**
  - If you have not decided on who will be attending the event, please write “N/A” below.
  - \_\_\_\_\_
- \_\_\_\_\_ (insert name of sponsor) understands that the event organizers reserve the right to remove/dismiss any representatives who they deem to behave in an inappropriate manner. The event organizers understand that they will not mistreat the sponsor’s name(s) without warrant. \_\_\_\_\_ (insert name of sponsor) also understands that the representative will not be permitted to do anything beyond the scope of Table I unless otherwise agreed upon.
- \_\_\_\_\_ (insert name of sponsor) understands that the event organizers are not liable for any physical, mental, or emotional injuries/damage that may befall the representative before, during, or after the event.
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

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### **3) Sponsor Registration: Expense Sponsor**

- **Name To Be Displayed:**

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- \_\_\_\_\_ (insert name of sponsor) understands that \_\_\_\_\_ (insert name of sponsor) legally allows for the event organizers to utilize \_\_\_\_\_'s (insert name of sponsor) name(s) in the manner(s) as dictated by Table I above. The event organizers understand that they will not misuse or tarnish the sponsor's name(s) without warrant. The event organizers also understand that the sponsor's name(s) and other identifiable information will not be used in a manner beyond the scope of Table I unless otherwise agreed upon.

- **Signature:** \_\_\_\_\_

- **Date:** \_\_\_\_\_

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  - If you have any questions, comments, or concerns, please contact us at [cuttingcancer@gmail.com](mailto:cuttingcancer@gmail.com).

## 4) Sponsor Registration: Sponsor A 4-Some

- **Please choose one of the following options:**
  - I already know 4 golfers and will be including them in this 4-some.
  - I do not know 4 golfers willing to play in this event. I would like the event organizers to choose 4 golfers (to fill out this 4-some) on my behalf.
    - **If you chose the 2nd option, you may leave this form blank.**

- **Contact Info:**

Name(s)	Email(s)	Select a main course option for dinner.
		<input type="checkbox"/> Veggie Burger <input type="checkbox"/> Beef Burger
		<input type="checkbox"/> Veggie Burger <input type="checkbox"/> Beef Burger
		<input type="checkbox"/> Veggie Burger <input type="checkbox"/> Beef Burger
		<input type="checkbox"/> Veggie Burger <input type="checkbox"/> Beef Burger

- **Liability/Consent: Check the following boxes to indicate your consent.**

My playing partner(s) and I understand that the event organizers are not legally or financially liable for any injury, damage to personal property, etc that occurs before, during, or after the event.

My playing partner(s) and I allow the event organizers to take and publish photographs, video and media taken of the event and its participants for use on the event's website (<https://www.cuttingcancer.org/>). Furthermore, I and my playing partners agree to not hold the event organizers responsible for any perceived invasion of privacy or confidentiality (beyond reason) associated with the photographs, video and media discussed above. My playing partners and I also recognize that we will not receive any compensation (of any type) for the taking or usage of these photographs, video and media as specified above.

My playing partner(s) and I agree to follow all federal (United States of America), state (Wisconsin), local (Racine County), and course (Johnson Park Golf Course) rules/guidelines pertaining to the COVID-19 pandemic. Furthermore, my playing partner(s) and I accept that the event organizers reserve the right to expel us from participating in the event should we not follow the aforementioned rules/guidelines.

- **Signature:** \_\_\_\_\_

- **Date:** \_\_\_\_\_

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  - **If you have any questions, comments, or concerns**, please contact us at [cuttingcancer@gmail.com](mailto:cuttingcancer@gmail.com).



## **5 & 6) Sponsor Registration: Birdie Watch / Build Your Own**

- Please send an email to [cuttingcancer@gmail.com](mailto:cuttingcancer@gmail.com) indicating that you selected either the “Build Your Own” or “Birdie Watch” sponsorship perks with a brief introduction of your background.
- We will work with you on an individual level to create the best package possible for you/your business.
- We will collect all other necessary information and coordinate payment at a later date.
- Please ensure that you have completed the “Sponsor Registration: General” form (page 4) and continue on below.

I, \_\_\_\_\_ (insert name/name of business) hereby attest to the commitment I/we are making to the Cutting Cancer Golf Outing and will make all payments in full when an official contract has been agreed upon by both parties.

By signing this document the organizers of the event will be counting on your support and will hold you/your business accountable unless the proper notice has been given to discard the contract given at a later date.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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  - If you have any questions, comments, or concerns, please contact us at [cuttingcancer@gmail.com](mailto:cuttingcancer@gmail.com).

## Payment

### Type of Payment (Select one):

- Physical Check:** *Please make checks payable to **Achintya Krishnan** and include “Cutting Cancer Sponsorship Fee” in the subject.*
- Venmo:** *Please Venmo **@AC-Krishnan** and include “Cutting Cancer Sponsorship Fee” in the subject.*

**Amount Enclosed:** \_\_\_\_\_

**We sincerely appreciate your kindness and generosity in supporting our cause!! Your help will only boost us in our collective fight against cancer! Thank you, and we hope to see you at the 2021 Cutting Cancer Golf Outing!!**

**If you have any further questions, comments, or concerns, please email [cuttingcancer@gmail.com](mailto:cuttingcancer@gmail.com).**

**If you would like to register to play, donate, or simply learn more about our event, please visit our website at <https://cuttingcancer.org>.**

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