

SPONSOR RESERVATION RETURN SLIP

Sponsorship Level: _____ \$: _____
 Sponsor Name: _____ Individual Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Business Sponsor Contact Name: _____ E-Mail: _____
 Office Phone: (____) _____ Cell Phone: (____) _____

Please write sponsor's name exactly as you would like it to appear in the Program:

My \$ _____ check or money order payable to "City Mission" is enclosed.

Credit Card: Amount \$ _____

Card #: _____ Expiration Date: _____ CCV#: _____

Credit Card Mailing Address: Street _____

City _____ ST _____ Zip _____ Initials (City Mission Use Only) _____

**Please reserve your package and sponsorship by
July 30, 2021**

Eric Smith
Corporate Relations Manager
(724) 222-8530 ext. 284 or esmith@citymission.org

Sponsorship payments can be made to:

City Mission
84 W. Wheeling Street
Washington, PA 15301
Diane Burnette,
Finance Contributions Clerk,
(724) 222-8530 ext. 245

**Paid Package
Amount:**

\$ _____

Thank you and God Bless!

GOLFER REGISTRATION

Package Choice: Title Sponsor Eagle Sponsor Birdie Sponsor Par Sponsor Individual Tee Sponsor Other

Contact Information

Team Name: _____
(or Individual Golfer)

Contact: _____

Phone: _____

Email: _____

First Foursome

Player 1: _____

Player 2: _____

Player 3: _____

Player 4: _____

Contact Information

Team Name: _____

Contact: _____

Phone: _____

Email: _____

Second Foursome

Player 1: _____

Player 2: _____

Player 3: _____

Player 4: _____

Contact Information

Team Name: _____

Contact: _____

Phone: _____

Email: _____

Third Foursome

Player 1: _____

Player 2: _____

Player 3: _____

Player 4: _____

RETURN DEADLINE July 30, 2021- Golfer Registration and Sponsorships must be received.