

FOR OFFICE USE ONLY

Sponsor#: _____

Invoice#: _____

SESOSTRIS SHRINE OPEN GOLF TOURNAMENT

1050 Saltillo Road
Roca, NE
402-474-6890

July 18, 2022 Hillcrest Country Club

CORPORATE SPONSOR FORM

Business Information:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact Person: _____

Shrine Salesperson: _____ Date: _____

Sponsor Category:

*Eagle-\$1,000 _____ *Birdie-\$300 _____ Tee Box-\$150 _____ Golf Cart - \$50 _____

*Eagle Sponsorship Includes 4 Players and Sign on Beer Cart

*Birdie Sponsorship Includes Printed Advertisement at the dinner

In Kind - or Activity (describe) _____

Print name below as you want it to appear on signage and/or for recognition purposes:

Payment Information:

Paid \$ _____ Cash: _____ Check #: _____ Send Invoice \$ _____

(Billing for sponsorships is due net 30 days)

Signature of Customer: _____

Billing information if different from above:

Billing Name: _____

Address: _____ City: _____ State: _____ Zip: _____

CUSTOMER RECEIPT

SPONSOR RECORD

SESOSTRIS SHRINE OPEN GOLF TOURNAMENT

1050 Saltillo Road, Roca NE 68430

Sponsor Name: _____

Sponsor Category: _____

(Billing for sponsorships is due net 30 days)

Amount to Invoice: \$ _____

Signature of Shrine Salesperson: _____ Date: _____

Net proceeds from this tournament are for the benefit of Sesostris Shriners activities. Payments are not deductible as charitable contributions.