

Bob Busse Golf Classic

Benefiting Special Olympics GA

November 7, 2011, 8:30 a.m. registration
 Cherokee Town & Country Club
 www.ctcc.org
Registration deadline: Oct. 28



Sign up as a sponsor, as a foursome or individual.

<p>Platinum Athlete Sponsor \$7,500</p> <ul style="list-style-type: none"> • Recognition at the Golfers Reception • Three, Four-player teams • Three Hole Recognition Signs • Company Logo on 2011 Sponsor Board • Recognized in the 2011 Brochure (deadline July 15) • Six guest invitations to Golfer Reception • Name Listing in SOGA Annual Report 	<p>Gold Athlete Sponsor \$5,000</p> <ul style="list-style-type: none"> • Two, Four-player teams • Two Hole Recognition Signs • Listing on 2011 Sponsor Board • Recognized in 2011 Brochure (deadline July 13) • Two guest invitations to Golfer Reception • Name Listing in SOGA Annual Report
<p>Golf Tournament Food Sponsor \$6,000</p> <ul style="list-style-type: none"> • One, Four-player team • Two Hole Recognition Signs • Listing on 2011 Sponsor Board • Name or logo printed on meal banner • Recognized in 2011 Brochure (deadline July 13th) • Four guest invitations to Golfer Reception • Name Listing in SOGA Annual Report 	<p>Silver Athlete Sponsor \$2,100</p> <ul style="list-style-type: none"> • One, Four player team • One Hole Recognition Sign • Listing on 2011 Sponsor Board • Recognized in 2011 Brochure • Name Listing in SOGA Annual Report
<p>Hole Sponsorship \$500</p> <ul style="list-style-type: none"> • Hole Recognition Sign on Course 	<p>Foursome \$1,400</p> <ul style="list-style-type: none"> • Team of Four Golfers
	<p>Individual Golfer \$350</p> <ul style="list-style-type: none"> • Individual Player

Please register me for the Golf Classic Deadline: Oct. 28

Complete below information or visit www.SpecialOlympicsGA.org

Name: _____
 Address: _____
 City: _____ St: _____ Zip: _____
 Daytime Phone: _____
 Email Address: _____

Team Members Handicap:

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

Send, fax, or email to:

Special Olympics Georgia
 4000 Dekalb Technology Parkway
 Bldg 400, Ste 400
 Atlanta, Georgia 30340
 Fax: 770.216.8339 Phone: 770.414.9390 x106

Bill my: __ Visa/ MC/ AmEx or __ Check Enclosed
 Name on Card: _____
 Card #: _____
 Expiration Date: _____
 Amount to be Charged: _____
 Signature: _____