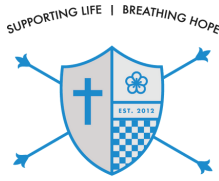


SPONSOR FORM

★ LIMITED TO FIRST 100 PLAYERS



The
**GARRETT
THOMAS**
FOUNDATION

THE SILVER CAP TOURNAMENT

OCTOBER 3, 2022

CABARRUS COUNTRY CLUB, CONCORD, NC

LUNCH AND REGISTRATION: 11:00AM

SHOTGUN START: 1:00PM

*18 HOLES OF CAPTAIN'S CHOICE *LUNCH *GOODY BAG *CONTEST *AWARDS AND DINNER

*NAMES ON THE G-MAN TROPHY TO THE WINNING TEAM OF TOURNAMENT

SPONSORSHIP OPPORTUNITIES: PLEASE CHECK ONE

GTF TOURNAMENT SPONSOR: \$5,000

- Includes one Foursome, Mulligan Package for each player and Recognition on all printed material

SILVER CAP SPONSOR: \$2,500

- Includes one Foursome and recognition on all printed materials

BREATHE HOPE SPONSOR: \$2,000

- Includes 2 players and recognition on all printed materials

SUPPORT LIFE SPONSOR: \$1,500

- 1 player and recognition on all printed materials

CORPORATE SPONSOR: \$1,000

- Recognition on all printed materials

GOODY BAG SPONSOR: \$600

- Recognition in Goody Bag

BEVERAGE CART SPONSOR: \$500

- Recognition on Beverage Cart

HOLE SPONSOR: \$225

- Sign with name/logo on green

CONTESTS SPONSORS: Sign at contest location

CLOSEST TO THE PIN: \$150

LONGEST DRIVE: \$150

PUTTING CONTEST: \$150

LONGEST PUT: \$150

OTHER DONATION: AUCTION ITEMS, FOOD, GIVEAWAY, GOODY BAG ITEM

ITEM: _____

VALUE: _____

PAYMENT: CHECK, CREDIT CARD OR ONLINE

Online: TheGarrettThomasFoundation.org (memo Golf)

Check: The Garrett Thomas Foundation

Credit Card Payment: Total: \$_____ Visa MasterCard AMEX Discover

Cardholder's Name _____

Address _____

City _____ State _____ Zip _____

Card Number _____

Expiration Date _____ CVV # _____

Email: _____

Name/Business on sign: _____

RETURN TO: **Mail:** The Garrett Thomas Foundation ATTN: Katy
P.O Box 907 Concord, NC 28026
Email: info@thegarrettthomasfoundation.org

QUESTIONS?: 704.309.9569 (ASK FOR KATY)

501c3 Tax Id: 45-2683114

SUPPORTING LIFE | BREATHING HOPE



The GARRETT THOMAS FOUNDATION

PLAYER FORM

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SINGLE PLAYER INFORMATION: SINGLE PLAYER: \$125

PLAYER _____

ADDRESS _____

EMAIL _____ PH _____

FOURSOME INFORMATION: FOURSOME: \$500

Pay Separate Pay Together

*PLAYER _____

ADDRESS _____

EMAIL _____ PH _____

*PLAYER _____

ADDRESS _____

EMAIL _____ PH _____

*PLAYER _____

ADDRESS _____

EMAIL _____ PH _____

*PLAYER _____

ADDRESS _____

EMAIL _____ PH _____

PAYMENT: CHECK, CREDIT CARD OR ONLINE

Online: TheGarrettThomasFoundation.org

Check: The Garrett Thomas Foundation

Credit Card Total: \$_____

Visa MasterCard AMEX Discover

Cardholder's Name _____

Address _____

Card Number _____

Expiration Date _____ CVV # _____

Email: _____

Name/Slogan on sign: _____

RETURN TO:

Mail: The Garrett Thomas Foundation ATTN: Kathy Thomas
P.O Box 907 Concord, NC 28026

Email: info@thegarrettthomasfoundation.org

501c3 Tax Id: 45-2683114

QUESTION?: info@thegarrettthomasfoundation.org
704.309.9659 (ask for Katy)