

**Nicasa's 30<sup>th</sup> Annual Golf Invitational**  
**For 30 years, Long Drives Saved Lives**  
**June 17, 2019**



**BUSINESS/ GOLFER NAME(S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE AND E-MAIL:** \_\_\_\_\_

**Sponsorship Opportunities**

I would be pleased to sponsor Nicasa's Golf Outing to benefit people in need at the following level:

- "Brighter Futures" Sponsor @ \$10,000**  
Includes 4 foursomes\*, hole sponsorship, greens fees, carts, and meals.
- "Lifelong Solutions" Sponsor @ \$7,500**  
Includes 3 foursomes\*, hole sponsorship, greens fees, carts, and meals.
- "Positive Choices" Sponsor @ \$5,000**  
Includes 2 foursomes\*, hole sponsorship, greens fees, carts, and meals.
- "Recovery Support" Sponsor @ \$2,500**  
Includes 1 foursome\*, hole sponsorship, greens fees, carts, and meals.
- Hole Sponsor @ \$1,000**

*These sponsorships also include program recognition, additional event signage, recognition on Nicasa's website, and mention in press releases as scheduling*



**Multi-Foursome Discounts**

- Three Foursomes\* @ \$4,000** (\$3,700 before April 1)  
Includes support of family advocacy, hole sponsorship, greens fees, carts, and meals.
- Two Foursomes\* @ \$2,800** (\$2,600 before April 1)  
Includes support of counseling, hole sponsorship, greens fees, carts, and meals.
- One Foursome\* @ \$1,500** (\$1,400 before April 1)  
Includes support of community service, greens fees, carts, and meals.
- Single Golfer @ \$450** - to be matched up with a foursome  
Includes cart and meals
- Giveaway Item Sponsor:** \_\_\_\_\_ (List amount or item – qty 150)  
Includes support of empowering youth, families, and communities, and program recognition.

*\*Please include names and emails of your foursome members (if applicable) on the back of this form.*

**With this sponsorship I grant permission to use the name of my company in solicitations for this event.**

You may pay by check made out to Nicasa, pay online at [www.nicasa.org](http://www.nicasa.org), or charge your sponsorship with the form below.

Cardholder's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Visa  MasterCard  American Express  Discover Amount of Charge: \_\_\_\_\_

Account Number (Please print clearly!): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

**Please send completed form to:** Nicasa ● 31979 N. Fish Lake Road ● Round Lake, IL 60073 ● (847) 546-6450 ● Fax: (847) 546-6760 ● [www.nicasa.org](http://www.nicasa.org). For Additional Information call Lorrie George-Baskin at (847) 201-8397 or email [lgeorge-baskin@nicasa.org](mailto:lgeorge-baskin@nicasa.org) or Mellisa Ortiz at (847) 201-7230 or email [mortiz@nicasa.org](mailto:mortiz@nicasa.org).