



MAY 16, 2019
CYPRESS POINT COUNTRY CLUB

5340 Club Head Rd, Virginia Beach, VA 23455

\$125 per person; \$500 per team (four people)
Includes green & cart fees, lunch, and post round reception.

Proceeds to benefit
Transitions Family Violence
Services, VA Peninsula Food
Bank, and the
HER Shelter.

SCHEDULE

9 a.m. — Registration
10 a.m. — Shotgun Start
4 p.m. — Reception

RAFFLE TICKETS (on site)

Raffle tickets \$10 each
Mulligans \$5 each
Limit two per player; cash only

PLAYER REGISTRATION

\$125 per person | \$500 per team (4 people) | Only \$450 per team before 4/15/19; Deadline to register 5/3/19.

| | | | |
|----------------------------|-----------------|----------------------------|-----------------|
| Team Players' Names: _____ | Handicap: _____ | Team Players' Names: _____ | Handicap: _____ |
| _____ | _____ | _____ | _____ |

of persons golfing _____ x \$125 = \$ _____ # reception only _____ x \$30 = \$ _____

SPONSORSHIP REGISTRATION *Full payment must be received prior to May 16.*

- | | | |
|---|--|--|
| <input type="checkbox"/> PLATINUM - \$1,500 Recognition at reception, in program, and on website, Four Golf Passes, large banner at registration table, 1 hole sponsorship with a table at your hole. | <input type="checkbox"/> TEAM PHOTO SPONSOR - \$500 Recognition at reception and in program. Each player will receive a photo in a folder that prominently displays your name/logo. <i>(Limit 1)</i> | <input type="checkbox"/> CLOSEST TO THE PIN - \$350 Recognition and presence at the hole; \$100 prize for the winner. <i>(Limit 5)</i> |
| <input type="checkbox"/> BEVERAGE CART SPONSOR - \$750 Recognition at reception and in program; Company name displayed on cart. <i>(Limit 2)</i> | <input type="checkbox"/> LUNCH & RECEPTION SPONSOR - \$400 Recognition at reception and in program, Company name displayed at the reception. <i>(Unlimited)</i> | <input type="checkbox"/> HOLE SPONSOR - \$350 Recognition at reception and in program, Company name displayed at the tee box. |

Yes, I will donate a door prize! *(Note item to be donated:)* _____

PAYMENT INFORMATION

Name: _____ Company: _____
Address: _____ City/ST/Zip: _____
Phone: _____ Email: _____

Please charge my: Visa MC Discover

Name on Card: _____

TOTAL: \$ _____ Signature: _____

----- All information below will be shredded. -----

Card # _____

Exp. Date: ____/____/____ Security Code: _____

Return this form to
Cindy Matthews, IREM® Hampton Roads VA
Mail: 638 Independence Parkway, Suite 100,
Chesapeake, VA 23320
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