



FOUR PERSON SCRAMBLE | THORNAPPLE POINTE GOLF CLUB
Monday, July 23, 2018

10:00 AM | Registration
 \$5 Mulligans & \$15 Tapes available!*

11:00 AM | Shotgun Start
 Dinner, awards & raffle following golf

*Mulligans & tapes may not be used on prize holes.

Event proceeds will benefit the
Back to Work Program at
GUIDING LIGHT
 Off the street. On a payroll.

<p>\$10K Putting Challenge Sponsor</p>	<p>Hole-in-One Sponsor</p>	<p>Your logo here when you become a Beverage Sponsor!</p>	<p>Your logo here when you become a Beverage Sponsor!</p>	<p>Your logo here when you become a Beverage Sponsor!</p>
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2018 Bart Austhof Memorial Golf Outing Registration & Sponsorship Form

Each 4-person golf team includes 18 holes of golf with cart, 4 boxed lunches, 4 dinner tickets, and 4 prize drawing entries

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| <input type="checkbox"/> | TEE SPONSOR BUNDLE—\$485 ★GREAT VALUE★ 4-person team & tee signage | \$ FULL! |
| <input type="checkbox"/> | GOLF TEAM ONLY—\$396 4-person team | \$ FULL! |
| <input type="checkbox"/> | BEVERAGE SPONSOR BUNDLE—\$2,000 4-person team, watering hole & tee signage, plus logo on Golf Outing communications! | \$ FULL! |
| <input type="checkbox"/> | LUNCH BOX SPONSORSHIP—\$500 Company Logo on ALL boxed lunches | \$ ONLY 1 LEFT! |
| <input type="checkbox"/> | WATERING HOLE SPONSORSHIP—\$175 Watering Hole Signage | \$ _____ |
| <input type="checkbox"/> | TEE SPONSORSHIP—\$100 Tee Signage—Join the fun by staffing your tee for games & giveaways! (optional)..... | \$ _____ |
| <input type="checkbox"/> | DINNER TICKET ONLY—\$15 PER PERSON Single ticket to the networking dinner & awards ceremony | \$ _____ |
| <input type="checkbox"/> | LIST DOOR PRIZE DONATIONS BELOW (suggested \$25 value minimum): | TOTAL \$ _____ |

<p>PRIMARY CONTACT INFORMATION:</p> <p>Full Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Phone: _____ Email: _____</p> <p>PAYMENT INFORMATION: TOTAL AMOUNT \$ _____</p> <p><input type="checkbox"/> Check Enclosed <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX</p> <p>Card # _____ Security Code: _____</p> <p>Exp. Date: ____/____/____ Name on Card: _____</p> <p>Signature: _____</p> <p>BILLING INFORMATION (if different than above):</p>	<p>TEAM NAME: _____</p> <p>PLAYER 1: _____</p> <p>PLAYER 2: _____</p> <p>PLAYER 3: _____</p> <p>PLAYER 4: _____</p>
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*Registration and payment must be received by July 16, 2018

Return completed form to:
 Builders Exchange of Michigan
 PO BOX 2031, Grand Rapids, MI 49501
 Fax: (616) 949-6831 | Email: Amy@grbx.com