



1. Participation:

- Yes, I want to be a sponsor as indicated below.
- No, I am unable to participate at this time.

2. Sponsorship Levels:

- Presenting Sponsor.....8 playing spots | \$20,000 ✓ *Committed*
- Lunch Sponsor.....4 playing spots | \$10,000 ✓ *Committed*
- Par 3 Sponsor.....4 playing spots | \$10,000 ✓ *Committed*
- CEO Reception Sponsor.....4 playing spots | \$10,000 ✓ *Committed*
- Grand Benefactor.....4 playing spots | \$4,000
- Benefactor.....2 playing spots | \$2,250

Marketing Sponsors:

- Tee Gift Sponsor..... | \$15,000
- Beverage Cart Sponsor..... | \$1,250
- Practice Green Sponsor..... | \$1,250
- Practice Range Sponsor..... | \$1,250
- Hole Sponsor..... | \$500

Total Sponsorship Commitment: \$ _____

3. Method of Payment:

- Please invoice me by email
- I will pay via credit card; Weblink.Donorperfect.com/2024KidsClassic
Payment must be received by August 15, 2024.*

Company or Individual Name: _____

Team Coordinator: _____ Cell Phone: _____

Email: _____

Signature: _____ Date: _____

Given the generosity of past sponsors and the opportunity to be at Thornblade, the tournament space will be filled on a first come, first serve basis.

*If payment is not received by August 15th, AnMed Foundation reserves the right to offer the opportunity to the next team on the waiting list.

4. How to register today:

- ◆ Email completed form to Foundation@AnMed.org
- ◆ Fax completed form to 864-512-3479



Monday, October 7, 2024
Thornblade in Greer, SC

Registration Form

By submitting this form, you and your team hereby authorize and consent to the interview/photography/recording activity at the Kid's Classic Golf Tournament. Also, by submission of this form, all individuals listed hereby defend, indemnify, and hold AnMed and its agents and representatives harmless from any consequence arising.

AnMed Foundation

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Phone: 864-512-3477
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AnMed.org/Foundation