



# KATIE BROWN EDUCATIONAL PROGRAM

Promotes Respectful Relationships by Teaching Relationship Violence Prevention

## KATIE BROWN EDUCATIONAL PROGRAM 16TH ANNUAL GOLF TOURNAMENT

Fall River Country Club  
4232 North Main Street, Fall River MA

**MONDAY MAY 14, 2018**

10:30 am – Continental Breakfast, Registration & Putting Practice | 12:00 pm – Shotgun Start  
5:30 pm – Cocktails & Auction | 6:00 pm – Awards Dinner

### Sponsorship and Golf Registration Form

Please complete this form and return it to:

**The Katie Brown Educational Program**  
209 Bedford Street, Suite 302  
Fall River, MA 02720  
Phone: 508-678-4466 • Fax: 508-678-2870  
cquigley@kbep.org

**Please return this registration form as soon as possible.**  
**Reservations are only secured with receipt of completed registration form and payment on a FIRST-COME, FIRST-SERVED BASIS. Thanks for your understanding.**

**Deadline for Sponsorship recognition in the Tournament Program Book – April 20, 2018**

My Name: \_\_\_\_\_

My Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

- I will be playing with the following golfers:
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_

#### AMOUNT ENCLOSED:

I have enclosed \$ \_\_\_\_\_ for \_\_\_\_\_ **“Patron”** Golf Packages @ \$175 each

I have enclosed \$ \_\_\_\_\_ for \_\_\_\_\_ Tickets to the Cocktail Reception & Awards Dinner Only @ \$75 each

and/or indicate your Sponsorship Level below (Sponsorship Benefits are described on the next page):

- \$5,000 enclosed for a Platinum Sponsorship
- \$2,500 enclosed for a Gold Sponsorship
- \$1,500 enclosed for a Silver Sponsorship
- \$1,500 enclosed for Golf Shirt Sponsorship
- \$1,250 enclosed for a Hole-In-One Sponsorship
- \$1,250 enclosed for a Cart Sponsorship
- \$1,250 enclosed for a Banquet Sponsorship
- \$ 350 enclosed for a Tee Sponsorship
- \$ 225 enclosed for a Pin Flag Sponsorship
- \$ 200 enclosed for a Friends of KBEP Sponsorship
- \$ \_\_\_\_ enclosed is a donation to the KBEP

To use your AMEX, VISA or MasterCard, please provide the following information:

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Sec. # \_\_\_\_\_

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