



H.E.L.P., Inc.'s 20<sup>th</sup> Annual  
Richard Allen Hayes Memorial  
Golf Tournament



Saturday, September 23, 2017

The Hamptons Golf Course, Hampton, VA

Registration: 7:00AM    Shotgun Start: 8:00AM

Post Play: Buffet Lunch, Drinks, Awards

**2017 Richard Allen Hayes Memorial Golf Tournament  
Sponsorship Levels & Team/Individual Pricing**

**Faith Tournament Sponsor—\$2,000**

Includes Golf Foursome, Golf Cart, Lunch, Recognition in all Media Formats, Banner, Hole Sponsorship, Gift

**Hope Tournament Sponsor—\$1,000**

Includes Golf Foursome, Golf Cart, Lunch, Banner, Recognition in Event Program, Hole Sponsorship

**Charity Tournament Sponsor—\$500**

Includes Golf Foursome, Golf Cart, Lunch, Recognition in Event Program, Hole Sponsorship

**Longest Drive Sponsor (no team)—\$350**

**Closest to the Pin Sponsor (no team)—\$350**

**Hole Sponsor (no team)- \$150**

**Foursome/Team—\$300**

Includes Green Fee, Cart Rentals, Lunch, & Gift

**Individual—\$75**

Includes Green Fee, Cart Rental, Lunch, & Gift

\*\*\*In-Kind Sponsors Also Welcome. Items kindly accepted for golfer goodie bags and awards!



More information can be found at [www.helpushelpu.org](http://www.helpushelpu.org)





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Sponsorship & Team/Individual Sign Up Form

**Yes! Sign us up!** We'll support H.E.L.P., Inc. with the following sponsorship(s):

\_\_\_\_\_

**Total Amount Enclosed: \$ \_\_\_\_\_ (if by mail)**

**You Can Also Register to Sponsor/Pay for a Team/Individual @**

**<https://helpinc.ticketleap.com/20thannual/>**

Please note that all sponsorships are on a "first paid" basis. Sponsorships are not considered "filled" until payment is received. To receive maximum pre-event exposure, all sponsorships must be paid by September 1st

Name \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

As a representative of the above listed company, I hereby authorize the donation of the goods or funds specified for the requested sponsorship.

\_\_\_\_\_  
 Signature of authorized signer/Representative Print Name/Title/Date

Team Name \_\_\_\_\_

**Team Captain Name** \_\_\_\_\_ **Age** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Team Member #2 \_\_\_\_\_ Age \_\_\_\_\_

Team Member #3 \_\_\_\_\_ Age \_\_\_\_\_

Team Member #4 \_\_\_\_\_ Age \_\_\_\_\_

**Please return completed form and check payable to H.E.L.P., Inc. by September 1, 2017 to**

**H.E.L.P., Inc. P. O. Box 190 Hampton, VA 23669**