



To Golf or Not to Golf ...
Now that is a Stupid Question!

5th Annual Fox Beagle Association Golf Tournament



July 25th
11am Registration
12pm Shotgun
At The Club At Viniterra

Proceeds will Benefit

Susan G Komen and St. Jude Children's Hospital

Team Registration

Cost: \$75 Per Man/\$300 Per Team

Includes: Golf, Range Balls, Prizes,
Box Lunch, 50/50 Raffle, Dinner & Beverages

Available Sponsorships

Tournament Title Sponsor \$1000

Named as presenting sponsor on all marketing materials, two foursomes, company giveaway to all players

Tournament Junior Sponsor \$500

Named as sponsor on all marketing materials, one foursome, company giveaway to all players

Dinner Sponsor Provide Dinner

Named as Dinner Sponsor on all marketing materials and one foursome

Hole Sponsors \$75

Hole real estate sign, donated marketing giveaway to go in goody bag

For Registration/ Sponsorship

Contact Holly Stephens
hstephens@viniterragolf.com
804.814.7970

The Club at Viniterra
8400 Old Church Road
New Kent, VA 23124

Forms Available At:
www.vafoxbeagle.com



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Sponsor Commitment Form

The Virginia Fox Beagle Association is a non profit organization (EIN 45-2643797)



Proceeds will Benefit

Susan G Komen and St. Jude Children's Hospital

Business Name: _____

Contact Person: _____ Phone: _____

Email Address: _____

Indicate Sponsorship Preference:

- | | |
|--|----------------|
| <input type="checkbox"/> Title Tournament Sponsor | \$1000 |
| <input type="checkbox"/> Tournament Silver Sponsor | \$500 |
| <input type="checkbox"/> Hole Sponsor | \$75 |
| <input type="checkbox"/> Dinner Sponsor | Provide Dinner |
| <input type="checkbox"/> In Kind Donation | _____ |

Name to Appear on Signage _____

Payment Details:

Check Enclosed (Make Payable to Virginia Fox Beagle Association)

Please mail this form & check to
The Club at Viniterra
8400 Old Church Road
New Kent, VA 23124
Attn: Holly Stephens, Director of Marketing & Sales

Thank you for your support



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**Team
Entry
Form**

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Contact Name/Business Name: _____

Player 1: _____

Player 2: _____

Player 3: _____

Player 4: _____

Captain Contact:

Phone Number : _____ Email Address: _____

Payment Details: (\$300 per team, \$75 per player)

Check Enclosed (Make Payable to Virginia Fox Beagle Association)

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Thank you for your support