



## Skyline Scramble

### Golf Tournament

Saturday, August 27, 2022 \* 8 a.m.

### 2022 Sponsorship Opportunities



#### Presenting Ace Sponsor \$7,500

- Three teams of four with golf carts
- Lunch for participants
- Enhanced on course business logo recognition (logo on every other hole and cart)
- Banner at clubhouse
- Recognition in print, web and social media outreach
- Verbal recognition from the podium at tournament awards reception
- Name recognition on Skyline Foundation's donor wall
- Recognition in Skyline Health's "Giving Health" newsletter (mailed to nearly 10,000 households)
- Opportunity to include company branded items and information in player packets (Sponsor provides)
- Tax-deductible as allowed by law, Fair Market Value applies

#### Eagle Sponsor \$5,000

- Two team of four with golf carts
- Lunch for participants
- Enhanced on course business logo recognition (logo on six holes)
- Recognition in print, web and social media outreach
- Verbal recognition from the podium at tournament awards reception
- Name recognition on Skyline Foundation's donor wall
- Recognition in Skyline Health's "Giving Health" newsletter (mailed to nearly 10,000 households)
- Opportunity to include company branded items and information in player packets (Sponsor provides)
- Tax-deductible as allowed by law, Fair Market Value applies

(Over)

**Driver Sponsor \$3,000**

- One team of four with golf carts
- Lunch for participants
- Enhanced on course business logo recognition (logo on four holes)
- Business logo recognition at the putting green
- Recognition in print, web and social media outreach
- Recognition in Skyline Health's "Giving Health" newsletter (mailed to nearly 10,000 households/ businesses)
- Opportunity to include company branded items and information in player packets (Sponsor provides)
- Tax-deductible as allowed by law

**Closest to the Pin Sponsor \$1,000**

- Business logo recognition at contest hole
- Recognition in print, web and social media outreach
- Recognition in Skyline Health's "Giving Health" newsletter (mailed to nearly 10,000 households/ businesses)
- Opportunity to include company branded items and information in player packets (Sponsor provides)
- Tax-deductible as allowed by law

**Putting Green Sponsor \$1,000**

- Business logo recognition at contest hole
- Recognition in print, web and social media outreach
- Recognition in Skyline Health's "Giving Health" newsletter (mailed to nearly 10,000 households/ businesses)
- Opportunity to include company branded items and information in player packets (Sponsor provides)
- Tax-deductible as allowed by law

**Tee Box Sponsor \$500**

- Business logo recognition on two tee boxes
- Opportunity to include company branded items in player packets (Sponsor provides)
- Tax-deductible as allowed by law

All net proceeds benefit Skyline's program and services. Additional sponsorships may be available. Please contact Elizabeth Vaivoda, Foundation Director, at 509-637-2602 or [evaivoda@myskylinehealth.org](mailto:evaivoda@myskylinehealth.org) for more information.

# The Skyline Scramble

Indian Creek Golf Course, Hood River, Ore.

Aug. 27, 2022

## Registration Form

(Please Print)

**100 percent of the net-proceeds benefit**

**Skyline Health's Programs and Services**

- |   |  |
|---|--|
| <input type="checkbox"/> Presenting Ace Sponsor (\$7,500) | <input type="checkbox"/> Closest to the Pin (\$1,500)    |
| <input type="checkbox"/> Eagle Sponsor (\$5,000)          | <input type="checkbox"/> Putting Green Sponsor (\$1,000) |
| <input type="checkbox"/> Driver Sponsor (\$3,000)         | <input type="checkbox"/> Tee Box Sponsor (\$ 500)        |

Skyline Scramble Golf team of four \_\_\_\_ x \$500 per team = \_\_\_\_\_

Mulligans (3 per player & 12 per team) \_\_\_\_ x \$10/mulligan = \_\_\_\_\_

**Total Payment** \_\_\_\_\_

Corporation Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

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

**Please let us know how you would like your organization recognized on printed materials:**

\_\_\_\_\_

Total of \$ \_\_\_\_\_ enclosed or to be charged on a credit card.

**Payment Information:** Please make checks payable to Skyline Health Foundation. If paying by credit card, please provide the following information:

Visa       MasterCard       Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ CSC # (on back of card): \_\_\_\_\_

Please return the completed form to Elizabeth Vaivoda at Skyline Health Foundation, P.O. Box 1625, White Salmon, WA 98672 or by email to [evaivoda@myskylinehealth.org](mailto:evaivoda@myskylinehealth.org).

**If your level of sponsorship includes a golf team (see sponsorship opportunities) or if you're purchasing a team, please fill out the following information.**

**Golf Team Information:**

**Team Captain:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Player #2:** \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Player #3:** \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Player #4:** \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Thank you for your support of Skyline Health Foundation and the Skyline Scramble.**

**We look forward to seeing you on August 27!**