

Sponsorship & Team Opportunities

Major Sponsor (\$5,000) – One available

- Customized wooden board set with your company logo to keep
- Entry for four teams, one dinner/drink per player
- On-site signage and promotion at the tournament

Food Sponsor (\$2,500 level) – One available

- Customized wooden board set with your company logo to keep
- Entry for two teams, one dinner/drink per player
- On-site signage and promotion at the tournament

Board Sponsor (\$1,000 level)

- Customized wooden board set with your company logo to keep
- One team entry, one dinner/drink per player
- On-site signage

Gold Sponsor (\$200 level)

- One team entry, one dinner/drink per player
- On-site signage

Team of 2 (\$100)

- One team entry, one dinner/drink per player

Blue Sponsor (\$50)

- Signage during event

Unable to join us? Contact the Foundation office at 585-336-3067 to discuss other ways to help.

PRIZES
\$1,000 to winning team
\$200 to runner-up

West Irondequoit Foundation

2nd Annual Cornhole Tournament

Saturday, September 28, 2019, 3 p.m.

Camp Eastman, 1301 Lake Shore Blvd., 14617

48 team field, age 21 & up



REGISTRATION FORM

I am interested in supporting the Foundation and the Cornhole Tournament by being a:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Major Sponsor - \$5,000 | <input type="checkbox"/> Team - \$100 |
| <input type="checkbox"/> Food Sponsor - \$2,500 | <input type="checkbox"/> Blue Sponsor - \$50 |
| <input type="checkbox"/> Board Sponsor - \$1,000 | <input type="checkbox"/> Contributor \$ _____ |
| <input type="checkbox"/> Gold Sponsor - \$200 | |

Business Name (if applicable) _____

Player #1 Name _____ Phone _____

Address (street/city/state/zip) _____

E-mail _____

Player #2 Name _____ Phone _____

Address (street/city/state/zip) _____

E-mail _____

PAYMENT OPTIONS:

1. Check payable to West Irondequoit Foundation

2. Credit Card

VISA MC Exp. Date: ____ CVC# ____ Credit Card # _____

Total Amount \$ _____

Cardholder Name: _____ Signature: _____

Address _____

(street/city/state/zip)

Send completed form and payment to:
 West Irondequoit Foundation
 321 List Ave.
 Rochester, NY 14617

Office Use:

Check # _____

Amount _____

Credit Authorization _____