

# The Outer Cape Health Services *Charity Golf Classic*

Monday, October 11, 2021

Ocean Edge Resort & Golf Club, Brewster, MA

Noon Registration; 1pm Shotgun

*The 18-hole, Troon Privé course offers tree-lined fairways, rolling topography and dramatic elevation changes for players of all levels. \$200 per player; \$800 per foursome*

*All player registrations include 18 holes of golf with carts, box lunch, player gift, post-tournament reception with cocktails and hors d'oeuvres.*



Register and Sponsor today at:  
[outercape.org/news-events/events/](https://outercape.org/news-events/events/)

Questions Contact:  
[development@outercape.org](mailto:development@outercape.org)  
or 508-905-2850



# Outer Cape Health Services

## Charity Golf Classic Sponsor Levels

### PREMIER SPONSOR \$10,000

*Benefits include:*

- Two player foursomes with carts
- Prominent standalone signage at Tournament Club House Pavilion
- Tee or Green sign at a contest hole (longest drive, closest to the pin)
- Prominent Logo and sponsor recognition on OCHS website
- Prominent Logo and sponsor recognition in OCHS "IMPACT" patient and donor newsletter
- Logo and sponsor recognition in Cape Cod Times thank you ad.

### LUNCH AND RECEPTION SPONSOR \$7,500 - EXCLUSIVE

*Benefits include:*

- Two player foursomes with carts
- Standalone Signage at Tournament Club House Pavilion
- Tee or Green sign at a contest hole (longest drive, closest to the pin)
- Logo and sponsor recognition on OCHS website
- Logo and sponsor recognition in OCHS "IMPACT" patient and donor newsletter
- Logo and sponsor recognition in Cape Cod Times thank you ad.

### GOLD SPONSOR \$5,000

*Benefits include:*

- One foursome with carts
- Logo and sponsor recognition on OCHS website
- Tee or Green Sign
- Logo and sponsor recognition in OCHS "IMPACT" patient and donor newsletter
- Logo and sponsor recognition in Cape Cod Times thank you ad.

### PLAYER GIFT SPONSOR \$3,000 (2 AVAILABLE) **SOLD OUT**

*Benefits include:*

- One foursome with carts
- Logo displayed on gift bag
- Logo and sponsor recognition on OCHS website
- Logo and sponsor recognition in OCHS "IMPACT" patient and donor newsletter
- Logo and sponsor recognition in Cape Cod Times thank you ad.

### COMMUNITY HEALTH CLASSIC SPONSOR \$1,000

*Benefits include:*

- One Tee or Green sign
- Name and sponsor recognition in Cape Cod Times thank you ad.

### COMMUNITY CLASSIC TEE OR GREEN SPONSOR \$500

- One Tee or Green sign

### ADDITIONAL GOLFER FEES WITH CART

- Foursome (\$800)
- Individual Golfer (\$200)

*All player registrations include 18 holes of golf with carts, box lunch, player gift, post-tournament reception with cocktails and hors d'oeuvres.*



HEALTH SERVICES



# Outer Cape Health Services

## Charity Golf Classic Sponsorship Reservation Form

We are pleased to champion Outer Cape Health Services at the following level:

- |   |          |   |       |
|---|----------|---|-------|
| <input type="checkbox"/> <b>PREMIER SPONSOR</b>               | \$10,000 | <input type="checkbox"/> <b>TEE OR GREEN SPONSOR</b>          | \$500 |
| <input type="checkbox"/> <b>LUNCH &amp; RECEPTION SPONSOR</b> | \$7,500  | <input type="checkbox"/> <b>ADDITIONAL GOLFERS –</b>          |       |
| <input type="checkbox"/> <b>GOLD SPONSOR</b>                  | \$5,000  | <i>in addition to number included in selected sponsorship</i> |       |
| <input type="checkbox"/> <b>COMMUNITY HEALTH SPONSOR</b>      | \$1,000  | \$200 per player x _____ = \$_____                            |       |

### CONTACT INFORMATION

Please list the company name or individual sponsor name exactly as you wish it to appear in all printed event materials.

Company Name or Individual Sponsor Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

### PAYMENT INFORMATION

☐ My check payable to Outer Cape Health Services is enclosed.

☐ Bill me per contact information above.

☐ Please charge my payment to: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

**Logos** – All logos should be emailed as an **EPS file** or **high-resolution PDF** to [development@outercape.org](mailto:development@outercape.org) no later than Sept. 3, 2021.

Please mail or email this completed form to:

Outer Cape Health Services  
ATTN: Development  
P.O. Box 598  
Harwich Port, MA 02646  
[development@outercape.org](mailto:development@outercape.org)

THANK YOU FOR YOUR SUPPORT!