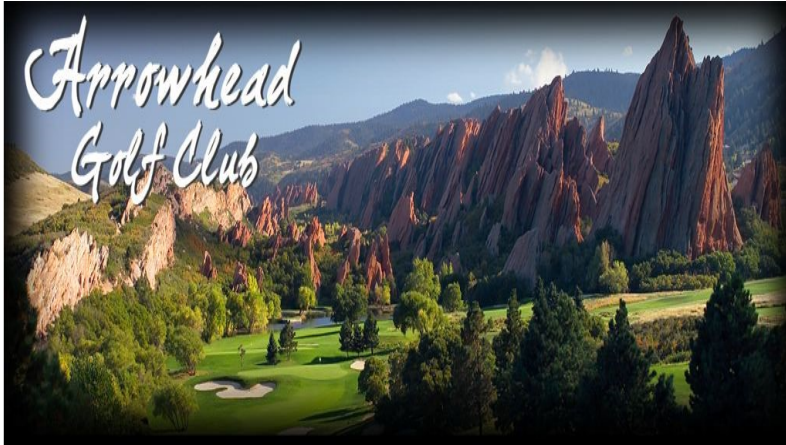




17th Annual Golf Tournament

Sponsored by:



WEDNESDAY, August 9, 2017

12 pm Registration & Lunch

1:30 pm Shotgun Start

Post event gourmet dinner and awards/prizes

INCLUDING THE TASTE OF THE ROCKIES & AUCTION

Starting at 5:30 pm

PRESENTING SPONSOR \$15,000

Greatest visibility and recognition for both events. Package includes three foursomes (12 golfers), hole sponsorship (four holes), Taste of the Rockies Auction and party following the tournament, special recognition at event from the stage, company executive named honorary chair, logo on event day banner, and full page ad in Taste of the Rockies Auction program.

GOLD SPONSOR \$7,500

Recognition in all promotional materials and event awards ceremonies, corporate banners provided and displayed at both events, hole sponsorship (2 holes), two playing foursomes (8 golfers), Taste of the Rockies Auction and party following the tournament, half page ad in Taste of the Rockies Auction program.

SILVER SPONSOR \$3,000

Recognition in all materials and event signage, hole sponsorship, one playing foursome (4 golfers), Taste of the Rockies Auction and party following the tournament, and company name listed in Taste of the Rockies Auction program.

FOURSOME & Taste of the Rockies Auction \$1,600

One playing foursome (4 golfers), Taste of the Rockies Auction and party following the tournament, listed in Taste of the Rockies Auction program

HOLE SPONSOR \$400

Hole sponsorship and tickets to Taste of the Rockies Auction at Arrowhead (2 tickets).

INDIVIDUAL GOLFER \$400

Includes Taste of the Rockies Auction and party after the tournament. Quantity _____

TASTE of the ROCKIES AUCTION TICKETS \$35 EACH

Quantity _____

I CANNOT ATTEND

But would like to contribute \$ _____ to support the work of the Foundation Fighting Blindness.

TO REGISTER ONLINE, PLEASE VISIT: www.scrambleforsight.org

TO REGISTER BY MAIL/FAX, PLEASE COMPLETE THE SECTIONS BELOW

COMPANY _____

NAME _____

TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (DAY) _____ PHONE (EVE) _____

EMAIL _____

PLEASE INDICATE PREFERRED PAYMENT METHOD:

CHECK ENCLOSED, PAYABLE TO: FOUNDATION FIGHTING BLINDNESS

PLEASE CHARGE MY CREDIT CARD: MC VISA AMEX DISCOVER

AMOUNT \$ _____

CARD NO _____ EXP _____ CVV _____

SIGNATURE _____

PRINT NAME AS IT APPEARS ON THE CARD _____

PLEASE MAIL OR FAX THIS FORM WITH YOUR PAYMENT TO:

FOUNDATION FIGHTING BLINDNESS

1050 Santa Monica Blvd. Suite 250
Los Angeles, CA 90025



FOR MORE INFORMATION ON THE EVENT, CONTACT

SCOTT BURT, EVENT CO-CHAIR AT 303.596.5288 OR SCOTT@BURT.US.COM
KRISTYN DORR, EVENT CO-CHAIR AT 720-904-1628 OR KDORR@INTEGRO.COM

THE FOUNDATION FIGHTING BLINDNESS IS A 501(C)3 TAX-EXEMPT (#23-7135845), PUBLICLY SUPPORTED ORGANIZATION. YOUR CONTRIBUTION, LESS BENEFIT RECEIVED OF \$140 PER GOLFER AND AN ADDITIONAL \$30 PER BLIND WINE TICKET IS TAX DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW, TAX ID#23-7135845. EVENT CODE 16SE5815