

Tuesday, October 1, 2024

Piping Rock Club

150 Piping Rock Road, Locust Valley, New York

CONTACT INFORMATION

Name: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Preferred Phone: ☐ Cell ☐ Work ☐ Home Number: _____

Listing: Please indicate exactly how you wish to be listed on event materials, including your company if applicable. For your information, most guests choose to be listed informally: "Jane and John Smith."

SPONSORSHIP OPPORTUNITIES

CLUBHOUSE SPONSOR \$50,000

- Two (2) foursomes
- Logo/name listed in print and digital marketing materials
- Prominent signage outside the clubhouse

LUNCH SPONSOR \$25,000

- One (1) foursome
- Logo/name listed in print and digital marketing materials
- Prominent signage at lunch service

PRO SHOP SPONSOR \$15,000

- One (1) foursome
- Logo/name listed in print and digital marketing materials
- Prominent signage at Pro Shop/locker room

- Two (2) foursomes

- One (1) foursome
- Logo/name listed in print and digital marketing materials
- Signage displayed on all golf carts

• One (1) foursome _____ **BEVERAGE CART SPONSOR \$5,000**
 • Logo/name listed in print and digital

- Logo/name listed in print and digital marketing materials
- Signage on the beverage cart

_____ **PRO SHOP SPONSOR \$15,000**
 • One (1) foursome

_____ **HOLE SPONSOR \$2,500**

- Logo/name listed in print and digital marketing materials
- Signage at one hole

FOURSOMES & INDIVIDUAL TICKETS

Please indicate the number of foursomes or individual tickets you wish to purchase in the space provided.

___ Foursome \$8,000

___ Individual Ticket \$2,000

The non-tax-deductible amount per foursome is \$2,868 (\$717 per golfer).

Please note that all sponsorships and tickets are non-refundable.

*Sponsorships must be confirmed by **September 10th** for name/logo listing on signage at event.*

Kindly provide foursome information by **September 20th** including guest names and GHIN#/handicap.

CONTRIBUTIONS

I cannot attend but would like to make a tax-deductible contribution to BCNY in the amount of \$ _____.

PAYMENT INFORMATION

☐ I will submit a check for \$ _____.

Please make all checks payable to: **The Boys' Club of New York**
91 Fifth Avenue
7th Floor
New York, NY 10003

☐ Please charge my credit card ☐ Amex ☐ MasterCard ☐ Visa ☐ Discover

Card #: _____ Exp: ____/____

CSC: _____ Signature: _____

THANK YOU FOR YOUR SUPPORT!