

**2019 BUD COOPER MEMORIAL GOLF CLASSIC
SPONSOR REGISTRATION**

- | | | |
|--|--------------------|---|
| <input type="checkbox"/> Course Sponsor | Donation = \$3,000 | Committed - The Sober Family |
| <input type="checkbox"/> Prize Sponsor | Donation = \$3,000 | Committed - Cooper Dental |
| <input type="checkbox"/> Meal Sponsor | Donation = \$1,500 | Committed - Riverside Medical Associates |
| <input type="checkbox"/> Beverage & Snack Sponsor | Donation = \$1,200 | Committed - Pingatore Cleaners |
| <input type="checkbox"/> Special Events Sponsor | Donation = \$1,000 | Committed - Dave, Lynn & Brad Cooper |
| <input type="checkbox"/> Major Corporate Sponsor | Donation = \$1,000 | Unlimited - includes 4 golfer fees
Committed - Billy Cooper's Kids |
| <input type="checkbox"/> Bud's Lids Sponsor | Donation = \$1,500 | Committed - Rick Cooper Family |
| <input type="checkbox"/> Corporate Sponsor | Donation = \$500 | Unlimited - includes 2 golfer fees
Committed - Old Mission Bank |
| <input type="checkbox"/> Hole Sponsor | Donation = \$100 | Unlimited |

Company Name: _____
 Address: _____
 Phone: _____ Fax: _____
 Email: _____
 Contact Person: _____

Letter of intent is due by **Friday, August 2, 2019**
 Payment of sponsorship is due by **Friday, August 2, 2019**

Please make check payable to: LSSU Foundation
 Mail to: 650 W. Easterday Ave., Sault Ste. Marie, MI 49783

**If you have an electronic version of your company logo, please email a high-resolution file (300dpi) in .jpg, .tif, or .eps format to shettinga@lssu.edu.*

2019 BUD COOPER MEMORIAL GOLF CLASSIC - ENTRY FORM

NAME	ADDRESS	PHONE	E-MAIL
1. _____	_____	_____	_____
2. _____	_____	_____	_____

If you'd like to be paired, please indicate the group you'd like to be paired with _____

Entry fee: \$100 per person for 18 holes *(includes special events & shared golf cart)*

Entry deadline: Friday, August 2, 2019

Method of payment: Visa MasterCard Discover American Express
 Check enclosed - please make payable to: LSSU Foundation

Card# _____ Exp. date _____

Name on card _____ Signature _____

Mail entries with payment to:
 LSSU Foundation | 650 W. Easterday Ave. | Sault Ste. Marie, MI 49783