

26th Annual
Thompson Rivers University WolfPack
**SPORTS TASK FORCE
SCHOLARSHIP
GOLF TOURNAMENT**

In memory of Mike Bartram



FRIDAY, JUNE 1, 2018

The Dunes at Kamloops

SPONSORSHIP TYPE (indicate your selection)

BENEFITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Full Ride \$5,000+	Half Ride \$2,500+	Season \$1,000+	Adopt an Athlete \$500+	One Class \$300+	Donation
Tax Receipt						
Tournament Banner						
On Course Signage						
Recognition on Dinner Placemat						
Hole Activation (Contests, giveaway, promo)						
Green Fees	4	2	1			
Display of corporate banner (provided by sponsors)						
Social Media Thank You						
Event Day Recognition						
Season Passes	10 Season Passes	5 Season Passes	2 Season Passes			
Opportunity to present an award at the annual Donor / Athlete Reception						
Opportunity to Speak at Dinner						
Main Tournament Sponsor/ VIP Recognition						

Single Entry Fee: \$150 **Add Passport:** \$20

Each entry includes 18 holes of golf, lunch, dinner, and the chance to win numerous prizes!

HOLE ACTIVATION

Provide a specialty display, giveaway small gifts, deliver an engaging and fun hole activity, and/or hand-out food and drinks for all tournament participants. **This must be in addition to a sponsorship above.**

Select here if you would like to be contacted regarding Hole Activation.

Basic Description of your idea: _____

Basic Requirements (setup help, table, chairs, etc.): _____

CALCULATION

SPONSORSHIP

Full Ride \$5,000 _____

Half Ride \$2,500 _____

Season \$1,000 _____

Adopt an Athlete \$500 _____

One Class \$300 _____

EXTRA GREEN FEES

____ Player(s) x (\$150) = _____

____ Team(s) of 4 x (\$600) = _____

Passport(\$20)

TOTAL _____

PLEASE LIST PLAYER NAMES

1. _____ 3. _____

2. _____ 4. _____

Payment Options: Cash Cheque Visa MasterCard Invoice

Cheques payable to TRU Foundation (STF Golf Tournament)

Credit Card #: _____ Expire date: (MM___/YY___) 3 Digit Security PIN _____

Company Name: _____ Contact Name: _____

Phone: _____ Email: _____

Address: _____ City: _____

Province: _____ Postal: _____

Signature: _____ Date: _____

RETURN COMPLETED FORM TO:

Diana Major, Director of Development, WolfPack Athletics
Thompson Rivers University, 805 TRU Way, Kamloops, BC V2C 0C8
Email: dmajor@tru.ca • Office: 250.852.7139