



Leo J. Jacob Golf Classic
At
Fairlawn Country Club
Monday, September 14, 2009



Registration/Breakfast 7:00 a.m.
 Round One Play Starts 8:00 a.m.
 Box Lunch
 Round Two Play

Following play...
 Dinner ■ Program ■ Auction

*We kindly request you ✓ your selection below, complete the information on the reverse side of this form and return it to us by Monday, August 25, 2008. **Registrations are accepted on a first come, first serve basis.** We anticipate a sell-out.*

SPONSORSHIP & GOLF OPPORTUNITIES

- | | | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | PRESENTING SPONSOR:
■ Two (2) foursomes (includes all privileges)
■ Logo included in all printed materials produced after sponsorship agreement | \$5,000 (\$4,040 tax-deductible)
■ Prominently displayed signage throughout the event, including two on course hole sponsorships.
■ Verbal recognition at the event as well as a full-page acknowledgement in the event program |
| <input type="checkbox"/> | DINNER SPONSOR:
■ Two (2) guests invited to participate in the tournament
■ Verbal recognition at the dinner | \$2,500 (\$2,260 tax-deductible)
■ Full-page acknowledgement in the program
■ Prominently displayed signage at dinner |
| <input type="checkbox"/> | DRIVING RANGE SPONSOR:
■ Two (2) guests invited to the awards dinner
■ Half-page acknowledgement in the program | \$750 (\$700 tax-deductible)
■ Prominently displayed signage at range
■ Name &/or logo on all event day materials |
| <input type="checkbox"/> | GOLF CART SPONSOR:
■ Half- page acknowledgement in the program | \$500 (Fully tax-deductible)
■ Signage on selected carts |
| <input type="checkbox"/> | CORPORATE “EAGLE” SPONSORSHIP:
■ 36 holes of golf & cart for 4
■ Breakfast, lunch, cocktails & dinner for 4 | \$2,000 (\$1,520 tax-deductible)
■ Hole sponsorship signage on course
■ Full-page acknowledgement in the program |
| <input type="checkbox"/> | CORPORATE “BIRDIE” SPONSORSHIP:
■ 36 holes of golf & cart for 2
■ Breakfast, lunch, cocktails & dinner for 2 | \$1,000 (\$760 tax-deductible)
■ Hole Signage on course
■ Half-page acknowledgment in the program |
| <input type="checkbox"/> | INDIVIDUAL GOLFER PACKAGE:
■ 36 holes of golf & cart | \$250 (\$130 tax-deductible)
■ Breakfast, lunch, drink ticket & dinner |
| <input type="checkbox"/> | HOLE SPONSOR:
■ Signage at sponsored hole | \$250 (Fully tax-deductible)
■ Listing in the event program |
| <input type="checkbox"/> | DINNER ONLY | \$50 (\$25 tax-deductible) |
| <input type="checkbox"/> | I am unable to attend, but wish to make a contribution. | |

OTHER DONATIONS

- My organization will provide a valued item or gift certificate for the auction/raffle portion of the tournament.
- My organization is interested in providing a promotional item for each golfer (200 pieces needed).

If you check a box in “other donations”, a CFF representative will contact you for more details & arrangements.

Please review and complete the reverse side.

Please complete the information below and return this form to:

**ATTN: Leo J. Jacob Golf Classic
Cystic Fibrosis Foundation
4635 Richmond Road, Suite 103
Warrensville Heights, OH 44128**

You may fax the completed form to **216/292.4461**. If you have questions, feel free to contact Suzanne Zak at **216/292.4437** or **szak@cff.org**. Please keep a copy of this form for your records. Registrations are accepted on a first come, first serve basis.

REGISTRATION-----

Name of Organization: _____
Contact Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Type of Sponsorship/Package: _____
Number of "Individual Golfer" Packages: _____

GOLFERS-----

If applicable, please indicate the names of your participating golfers.

Golfer: _____
Golfer: _____
Golfer: _____
Golfer: _____

PAYMENT-----

Enclosed is my check for \$ _____ made payable to the Cystic Fibrosis Foundation

OR

Please charge my credit card: MasterCard American Express
 VISA Discover

Name as it appears on card: _____
Account Number: _____
Expiration Date: _____

***Register online at northernoh.cff.org/jacobgolf by July 15th for savings on the individual golfer package
(ONLINE ONLY)**