23rd Annual Bobby Norris Roundup for Autism Golf Tournament – Dallas, Texas

Benefitting Autism Treatment Centers of Texas

DATE: **Friday, October 21, 2011** TIME: **8am Shotgun Start** FORMAT: **Florida Scramble**
PLACE: **Cowboys Golf Club, Grapevine, Texas**

BREAKFAST BUFFET • PRIZES ON THE COURSE • LUNCH BUFFET • DRAWINGS & MORE!

PLATINUM SPONSOR ($5,000)
- 8 player spots
- 8 Golf Shirts & Gift Bags
- 1 Sleeve of Golf Balls per Player
- Company Table, Kiosk and Banner Displayed
- Spokesperson from Company at Luncheon
- Signage at the Hole
- Back Cover in Golf Program
- Recognition on Event Website

GOLD SPONSORSHIP ($2,000)
- 4 Player Spots
- 4 Golf Shirts and Gift Bags
- 1 Sleeve of Golf Balls per Player
- Company Table at Awards Presentation
- Signage at the hole
- 1/2 Page Ad in the Golf Program
- Recognition on Roundup Website

SILVER SPONSORSHIP ($1,500)
- 2 Player Spots
- 2 Golf Shirts and Gift Bags
- 1 Sleeve of Golf Balls per Player
- 1/2 Page Ad in the Golf Program
- Recognition on Roundup Website

SINGLE PLAYER ($250) Available Starting October 1
- 1 Golf Shirt & Gift Bag
- 1 Sleeve of Golf Balls per Player

ALL PLAYERS WILL RECEIVE:
- Curb-side Bag Drop Service
- Range Balls
- Fully Equipped Golf Carts with Cooler, Towels, and Tees
- Personalized Scorecards, Cart Signs and Rules Sheets
- Breakfast Buffet in the Champions Dining Room before Tournament
- Lunch Buffet in the Champions Dining Room after the Tournament
- Snacks and non-alcoholic beverages on and off the course

HOLE OR CONTEST SPONSOR ($500):
BEAT THE PRO MEN'S PUTTING
WOMEN'S PUTTING
- **Signage at the Hole or Signage at the Contest**

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

PLEASE PRINT OR TYPE

Name of Company, Foundation, or Individual (as it is to appear in printed material): _____

Individual Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office: (_____) _____ , FAX: (_____) _____ , Email: _____

_____ Yes, I would like to be a Sponsor; ☐ **PLATINUM** ☐ **GOLD** ☐ **SILVER** ☐ **SINGLE PLAYER** ☐ **HOLE** ☐ **CONTEST** _____

_____ No, I can not participate but would like to donate $ _____ to the Autism Treatment Center

My check for $ _____ is enclosed, Payable to: **Roundup for Autism**

If using American Express, Discover, MasterCard, or Visa, please provide the following information:

_____ _____
Cardholder's Name Cardholder's Signature

_____ _____
Cardholder's Number Expiration Date

GOLFER REGISTRATION FORM

Mail To: Autism Treatment Center, 10503 Metric Drive, Dallas, TX 75246 or Fax 972-644-5650
For Additional Information Call: Neil Massey at 972-644-2076 x 104 or email nmassey@atcoftexas.org • www.roundupforautism.org

SPONSORING COMPANY / INDIVIDUAL NAME: _____

PLAYER #1 You must have a handicap (max=24) _____
NAME: _____
MAILING ADDRESS: _____
CITY/ST/ZIP: _____

PLAYER #2 You must have a handicap (max=24) _____
NAME: _____
MAILING ADDRESS: _____
CITY/ST/ZIP: _____

PLAYER #3 You must have a handicap (max=24) _____
NAME: _____
MAILING ADDRESS: _____
CITY/ST/ZIP: _____

PLAYER #4 You must have a handicap (max=24) _____
NAME: _____
MAILING ADDRESS: _____
CITY/ST/ZIP: _____

WHITE SHEET - EVENT COPY YELLOW SHEET - CUSTOMER COPY