

# 2026 KIDS CLASSIC PRO-AM TOURNAMENT

PRESENTED BY  
FINANCIAL ENHANCEMENT GROUP

## Sponsorship/Team Opportunities

- ☐ **Presenting Sponsor - \$25,000**  
Sponsorship recognition on all materials, two team and sponsor recognition at the shotgun opening, and hole sign recognition
- ☐ **Gold Sponsor - \$10,000**  
Sponsorship recognition on all materials, two teams, sponsor recognition at the shotgun opening, and hole sign recognition
- ☐ **Silver Sponsor - \$5,000**  
Sponsorship recognition on all materials, one team, sponsor recognition at the shotgun opening, and hole sign recognition
- ☐ **Bronze Sponsor - \$2,500**  
Sponsorship recognition on all materials, one team, sponsor recognition at the shotgun opening, and hole sign recognition
- ☐ **Golf Cart Sponsor - \$1,500 (one available)**  
Sponsorship recognition on all golf carts, one team, and sponsor recognition at opening
- ☐ **Beverage Cart Sponsor - \$1,250 (two available)**  
Sponsorship recognition on the beverage cart
- ☐ **Lunch Buffet Sponsor - \$1,000**  
Sponsor lunch on the patio for all participants and volunteers
- ☐ **Foursome and Hole Sponsor - \$1,200**  
One team and a hole sign
- ☐ **Foursome Team - \$1,000**  
One team
- ☐ **Bag Drop Area Sponsor - \$750**  
Sponsor sign recognition at bag drop area
- ☐ **Scorecard Sponsor - \$750**  
Logo recognition on scorecard
- ☐ **Oasis Bar Sponsor - \$500 (two available)**  
Signage at refreshment station
- ☐ **Mulligan Sponsor - \$500 (two available)**  
Logo and company information on coupon
- ☐ **Hole Sign Sponsor - \$250**
- ☐ **Pro Golfers Entry - \$150**

## Registration

*Before submitting sponsorship, call for availability.*

Company/Individual: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### Team Information

Flight Preference: AM PM

*\*Teams assigned on a first come, first serve basis.*

Golfer #1: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer #2: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer #3: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer #4: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment:

☐ Invoice ☐ Check Enclosed ☐ Credit Card (Visa, Mastercard, Discover, Amer. Express) Amount: \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Billing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Make checks payable to Ascension St. Vincent Anderson Foundation.*

*Mail completed registration form to:*

*Ascension St. Vincent Anderson Foundation, 2015 Jackson St., Anderson, IN 46016*