



## YOUR CONTACT INFORMATION

Recognition Name (for print materials): \_\_\_\_\_

Contact (for recognition) : Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website Address (for link from our website): \_\_\_\_\_

## YOUR SPONSORSHIP OPPORTUNITIES - GIVE THE GIFT OF....

- |   |  |
|---|--|
| <input type="checkbox"/> Inclusion: \$5,000   | <input type="checkbox"/> Choice: \$1,000   |
| <input type="checkbox"/> Connection: \$3,000  | <input type="checkbox"/> Friendship: \$500   |
| <input type="checkbox"/> Happiness: \$1,500   | <input type="checkbox"/> Kindness: Products, Services, Auction Items               |
| <input type="checkbox"/> Food Exhibitor Table: Host a table with food/drink samples | <input type="checkbox"/> The Gift of Beer: buy players a round of drinks at a hole |

Description of Exhibit: \_\_\_\_\_

## IN-KIND SPONSORSHIP

Products , Services or Auction Item Donated: \_\_\_\_\_

Value (please include supporting documentation): \_\_\_\_\_

Donation delivery date: \_\_\_\_\_  Donation pick up date: \_\_\_\_\_

Address for pick-up (if different from above): \_\_\_\_\_

Additional pick-up information: \_\_\_\_\_

## RECOGNITION AND ACKNOWLEDGEMENT

Please send your Corporate Logo to [d.safi@shsbc.ca](mailto:d.safi@shsbc.ca)

## CONFIRM YOUR SPONSORSHIP

Amount payable: \_\_\_\_\_

Cheque to Semiahmoo House Society       VISA       MasterCard       AMEX

Name of Card Holder: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

## SPONSORSHIP AGREEMENT

Sponsorship is considered a business expense and therefore a tax receipt will not be issued. Credit card information is collected for sponsorship payment only and will not be used without your express consent.

I \_\_\_\_\_ (full name), agree on \_\_\_\_\_ (date) to the terms and conditions of this sponsorship agreement and verify that the above information is correct.

Sponsor Signature: \_\_\_\_\_ SHS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All Sponsors must be confirmed by **MONDAY, MAY 15TH 2017****  
**TO CONFIRM SPONSORSHIP COMPLETE FORM AND RETURN TO: [d.safi@shsbc.ca](mailto:d.safi@shsbc.ca)**  
**Cheques payable to SEMIAMMOO HOUSE SOCIETY**

# REGISTRATION FORM

**TOURNAMENT VENUE**

Morgan  
Creek  
  
Golf Course

3500 Morgan Creek Way  
Surrey, BC

**TOURNAMENT  
TIMELINE**

11:00 AM Registration

1:00 PM Shotgun Start

7:00 PM Dinner and  
Auction

**ENTRY FEES INCLUDE**

Goodie Bag

Lunch

Banquet Dinner

18 Holes of Golf

Bag Drop Off

Use of Locker Facilities

Power Carts with GPS

Driving Range Access

**EARLY BIRD SPECIAL!**

Register before May

15th to receive your

FREE FUN PACK

Valued at \$50!

Primary Contact			
Organization			
Address			
City		Postal Code	
Phone		Fax	
Email			
Team Captain			
Email			
Phone			
Player 2			
Email			
Phone			
Player 3			
Email			
Phone			
Player 4			
Email			
Phone			

<b>Individual Entry</b>	<b>Team Entry</b>	<b>Total Amount Due</b>
\$250x _____ = \$ _____	\$1000.00x _____ = \$ _____	\$ _____
<b>PAYEE DETAILS</b>		
Do you want a donation receipt? If so, check the box and fill out the back of this form. Please note, receiptable amount is \$60/ registrant only.		
Name: _____		
<input type="checkbox"/> Cash	<input type="checkbox"/> Debit	<input type="checkbox"/> Credit <input type="checkbox"/> Cheque (Please make payable to The Semiahmoo Foundation)
To Register and pay online, please visit our website at <a href="http://www.semi-house-society.com">www.semi-house-society.com</a>		
Name as it appears on card: _____		
Card Number _____ Expiry _____/_____/_____		

Please fill in the information below IN FULL if you wish to receive a donation tax receipt for the receipt-able portion of the registration fee (\$60 per registrant only).

<b>TAX RECEIPT INFORMATION</b> PLEASE PRINT CLEARLY	Total # of Registrations Per receipt
Name: _____ Full Mailing Address: _____ Phone Number: _____ Email Address: _____	_____
Name: _____ Full Mailing Address: _____ Phone Number: _____ Email Address: _____	_____
Name: _____ Full Mailing Address: _____ Phone Number: _____ Email Address: _____	_____
Name: _____ Full Mailing Address: _____ Phone Number: _____ Email Address: _____	_____