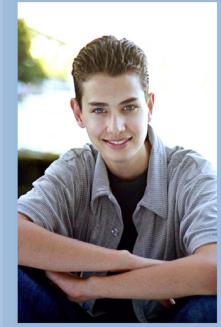
# TITLE SPONSOR



# Altered Contraction Contractio

# MAY 24, 2024 GOLDEN EAGLE GOLF CLUB "North & South Courses" 21770 Ladner Rd, Pitt Meadows, BC

All proceeds benefit the Michael Cuccione Childhood Cancer Research Program at BC Children's Hospital



# **SPONSORSHIP OPPORTUNITIES**

# PLATINUM SPONSORSHIP: \$10,000 Contribution

- Two foursomes of golf (power carts included)
- Signage as 'Official Sponsor' of tournament
- Exclusive signage at registration
- Exclusive hole signage
- $\circ$  3 social media posts to thank and promote your business
- o Recognition as Platinum Sponsor on Michael Cuccione Foundation websites
- o Use of Michael Cuccione Foundation approved logo on your company website
- Tax receipt (less golf benefit \$8600)

# DIAMOND SPONSORSHIP: \$5,000 Contribution

- One foursome of golf (power carts included)
- Recognition as Diamond Sponsor on hole signage
- o Recognition as Diamond Sponsor on registration signage
- o 2 social media posts to thank and promote your business
- Recognition as Diamond Sponsor on Michael Cuccione Foundation websites
- $\circ$   $\:$  Use of Michael Cuccione Foundation approved logo on your company website
- Tax receipt (less golf benefit \$4300)

# GOLD SPONSORSHIP \$3,500 Contribution

- One foursome of golf (power carts included)
- Recognition as Gold Sponsor on hole signage
- Recognition as Gold Sponsor on registration signage
- 1 social media post to thank and promote your business
- o Recognition as Gold Sponsor on Michael Cuccione Foundation websites
- Tax receipt (less golf benefit \$2,800)

# SILVER SPONSORSHIP \$2,000 Contribution

- One foursome of golf (power carts included)
- Recognition as Silver Sponsor on hole signage
- o Recognition as Silver Sponsor on registration signage
- o Recognition as Silver Sponsor on Michael Cuccione Foundation websites
- Tax receipt less (less golf benefit \$1,300)

# CART SPONSORSHIP \$1,600 Contribution

- Recognition as Cart Sponsor on registration signage
- Recognition as Cart Sponsor on golf carts
- Tax receipt (\$1600)

# HOLE SPONSORSHIP \$500 Contribution

- Recognition as Hole Sponsor on hole signage
- Tax receipt (\$500)

# **ON-SITE VENDORS**

Inquiries accepted for day of vendors to add value and entertainment to the day

# Questions? Call 604-841-5593 or email donate@childhoodcancerresearch.org





23<sup>rd</sup> Annual MICHAEL CUCCIONE FOUNDATION **GOLF FOR A CURE** 

# FRIDAY, MAY 24 2024

Registration Opens at 11:30 AM Shotgun Start at 1:00 PM

# GOLDEN EAGLE GOLF CLUB (NORTH & SOUTH COURSES)

21770 Ladner Rd, Pitt Meadows, BC

# \$175 PER GOLFER

Includes golf, prizes, power cart, lunch and casual dinner gathering

Registration is first come first served. Payment due on registration.

# Register online at ChildhoodCancerResearch.org

# 23<sup>rd</sup> Annual Michael Cuccione Foundation Golf For A Cure MANUAL SPONSOR REGISTRATION FORM

#### Register online at ChildhoodCancerResearch.org

or email this completed form to donate@ChildhoodCancerResearch.org

Any Questions please call Domenic Cuccione at 604-841-5593 or John Audia at 604-970-9407

#### Please indicate your level of support:

Platinum Le
Diamond Le
Gold Level

 Level
 \$10,000

 Level
 \$5,000

 el
 \$3,500

Silver Level	\$2,000
Cart Sponsorship	\$1,600
Hole Sponsorship	\$500

SPONSOR INFORMATION			
Company Name			
Address			
Address			
City	Province	Postal Code	Fax
Phone	Email		
Contact Name			

Payment: Visa Mastercard E-Transfer – <u>cuccione@telus.net</u> Cheque – Payable to Michael Cuccione Foundation						
Card Number	Expiry	3 Digits	Amount	Signature		

# Registration is first come first served. Payment due on registration

"Thank you for making a difference in the life of a child!"

For more information call 604-841-5593

# 23<sup>rd</sup> Annual Michael Cuccione Foundation Golf For A Cure MANUAL INDIVIDUAL GOLFER REGISTRATION FORM

#### Register online at ChildhoodCancerResearch.org

or email this completed form to donate@ChildhoodCancerResearch.org

<b>To Register:</b> Single Golfer Four Person Team		am	*Registration is first come first served*		
Golfer # 1					
Name		Co	mpany		
Addross (plazsa includa city	and nostal code)				
Address (please include city	and postal code)				
Phone	Fax			Email	
Golfer # 2					
Name		Co	mpany		
Address (please include city	and postal code)				
Phone	Fax			Email	
Golfer # 3		6.			
Name		CO	mpany		
Address (please include city	and postal code)				
Phone	Fax			Email	
Golfer # 4 Name		Co	mpany		
Name			inpany		
Address (please include city	and postal code)				
Phone	Fax			Email	
nyment: 🔄 Visa 🔄 Masterca Ind Number	rd E-Transfer – <u>cuc</u> Expiry	<mark>cione@telus.</mark> 3 Digits	<u>net</u> Cheq Amount	ue – Payable to Michael Cuccione Foundatio Signature	
		The second se			