

SPONSORSHIPS

You will be set to impress with a sponsorship at the PIANJ 2019 Golf Classic. Sponsoring the PIANJ Golf Classic doubles your clout; giving you a fantastic day of golf, dining and camaraderie and providing support for Special Olympics New Jersey.

SPONSOR REGISTRATION

Contact name
Agency/company
Agency/company
Address
City/State/ZIP
on product 211
N
Phone
Email

SPONSOR ONLINE: pia.org/classic ABOUT SONJ

The mission of Special Olympics New Jersey is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

SPONSORSHIP CHOICES

Check your sponsorship choice. Sponsorships are available on a first-come, first-served basis. If your sponsorship selection has been taken, we will contact you. Sponsorships with payment need to be secured by Sept. 16, 2019, to assure proper signage.

SPONSORSHIP	COST
Event sponsor	\$5,000
☐ Sponsor SOLD	
Double eagle	\$2,500
☐ Golfer gifts	
☐ Dinner SOLD	
☐ Cocktail party	
☐ Brunch	
Eagle	\$1,250
☐ Golf ball sleeves	
☐ Closest to the pin SOLD	
- Hole-in-one SOLD	
☐ Putting contest	
☐ Towels SOLD	
Birdie	\$750
☐ Golf carts	
Putting green	
Par	\$700
☐ Tee/green combo (8)	
Hole	\$450
☐ Tee (8)	
☐ Green (8)	





\$1,400/foursome; \$350/golfer (all-inclusive price)

\$130 person (cocktails and dinner only)

Attn.: Beth Starr; 1 Eunice Kennedy Shriver Way,

Lawrenceville, NJ 08648 Reference PIA Golf Classic.

Provide complete information on all your golfers to assure each receives a confirmation and is listed on our golfer lists, posted the day of the event. If we do not have the full information before Sept. 16, 2019, the primary contact will be responsible for keeping his/her golfing group informed. Make a copy of this form if you are registering more than four people.

1. Primary contact name	3. Contact name
Agency/company	Agency/company
Address	Address
City/State/ZIP	City/State/ZIP
Phone	Phone
Email	Email
2. Contact name	4. Contact name
Agency/company	Agency/company
Address	Address
City/State/ZIP	City/State/ZIP
Phone	Phone
Email	Email
PAYMENT CALCULATION	METHOD OF PAYMENT
Sponsorship Return with completed sponsor registration page. \$	Credit: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover
Sponsorship with foursome Return with both completed sponsorship and attendee registration pages. \$	Credit card no.
	Cardholder's name
Golf package golf package(s) @ \$350/golfer Return with completed attendee registration page. \$	Signature
Dinner only@ \$130/person—includes cocktails Return with completed attendee registration page. \$	Expiration date Verification no. Amount Check:
TOTAL \$	Enclosed is a check.I cannot attend. However, I would like to donate
Payment is due at time of registration. Note that registration refunds cannot	to SONJ athletes.
be made without at least one full week's notice of cancellation.	Send check with this form to: Special Olympics New Jersey,

*pia.org/classic