

The ELIJA School  
**GEORGE D'AMATO  
 MEMORIAL GOLF & TENNIS OUTING**

**REGISTRATION  
 FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (      ) \_\_\_\_\_ Email \_\_\_\_\_

*Confirmations will be done via email*

Please list names of all golf or tennis participants:

\_\_\_\_\_

\_\_\_\_\_

**SPONSORSHIP OPPORTUNITIES**

- |   |  |
|---|--|
| <input type="checkbox"/> Event Sponsor . . . . . \$ 20,000          | <input type="checkbox"/> Cocktail Sponsor . . . . . \$ 3,000       |
| <input type="checkbox"/> Dinner Sponsor . . . . . \$ 10,000         | <input type="checkbox"/> Table Sponsor . . . . . \$ 2,000          |
| <input type="checkbox"/> Brunch Sponsor . . . . . \$ 7,500          | <input type="checkbox"/> Half Way House Sponsor . . . . . \$ 1,500 |
| <input type="checkbox"/> Tennis Luncheon Sponsor . . . . . \$ 5,000 |  |

**SIGNAGE OPPORTUNITIES**

- |   |   |
|---|---|
| <input type="checkbox"/> Entertainment Sponsor . . . . . \$ 1,000     | <input type="checkbox"/> Golf Cart . . . . . \$ 400       |
| <input type="checkbox"/> Refreshment Sponsor . . . . . \$ 750         | <input type="checkbox"/> Tee Sponsor . . . . . \$ 300     |
| <input type="checkbox"/> Tennis Pro Sponsor . . . . . \$ 600          | <input type="checkbox"/> Racquet Sponsor . . . . . \$ 200 |
| <input type="checkbox"/> Courtside Breakfast Sponsor . . . . . \$ 500 |   |

**GOLF PARTICIPATION**

- Foursome Golf Package . . . \_\_\_\_ @ \$ 2,000 = \$ \_\_\_\_\_
- Individual Golf Package . . . \_\_\_\_ @ \$ 550 = \$ \_\_\_\_\_

**TENNIS PARTICIPATION**

- Tennis Package . . . . . \_\_\_\_ @ \$ 225 = \$ \_\_\_\_\_

**BENEFIT LUNCHEON & DINNER PARTICIPATION**

- Benefit Luncheon & Auctions . \_\_\_\_ @ \$ 100 = \$ \_\_\_\_\_
- Cocktails, Dinner & Auctions . . \_\_\_\_ @ \$ 150 = \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** . . . . . \$ \_\_\_\_\_

- I regret that I cannot attend, please accept my donation . . . . . \$ \_\_\_\_\_
- Please accept a donation of the following goods or services for your auction
- \_\_\_\_\_ Est. Value \$ \_\_\_\_\_

Please note your affiliation on how you heard about this event: \_\_\_\_\_

Payment by Credit Card:  Visa  MasterCard

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

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**RAFFLE SPONSORSHIP OPPORTUNITIES**

Support The ELIJA School by proudly displaying your name, your company name or the name of someone you wish to honor or pay tribute to on a sponsor basket. The bidders at our event will recognize your generosity and support.

All Raffle Basket Sponsors receive recognition in our event program

Please list the following name or business:

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Address

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City

State

Zip

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Website

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This basket is:

in honor \_\_\_\_\_

in memory of \_\_\_\_\_

\$ 100       \$ \_\_\_\_\_



*Opening Doors to Independent Growth for Children with Autism*