

Bishop Foley Alumni & Friends **18TH ANNUAL**



GOLF OUTING

Benefiting the Scholarship Fund
Sunday, August 20, 2023; 1:30 PM, Shot Gun Start
Driving Range open at 11:30 AM, Registration at 12:30 PM

Greystone Golf Club
 67500 Mound Rd
 Washington, MI 48095

- ▶ **GOLD SPONSOR - \$1,500:** Foursome, Banner advertisement in prime locations, Tee sign, may give promotional item to each golfer
- ▶ **SILVER SPONSOR - \$1,000:** Foursome, Banner advertisement, Tee sign
- ▶ **BRONZE SPONSOR - \$750:** Twosome, Banner advertisement, Tee sign
- ▶ **HOLE IN ONE SPONSOR - \$300:** Recognition on signage
- ▶ **HOLE SPONSOR - \$250:** Tee sign
- ▶ **BANNER ADVERTISING - \$150:** Recognition on "Tee-rific" Sponsor banner
- ▶ **BEVERAGE CART SPONSOR (5 AVAILABLE) - \$100:** Recognition on signage
- ▶ **PRIZE DONOR:** Recognition on signage
- ▶ **GOLFERS: Foursome - \$520 Individual - \$130**
 Includes: 18 holes with cart, range balls, 3 on course drink tickets, box lunch, dinner (1 hour premium bar), prizes, contests

Contact: Alumni/Advancement Office: 248.658.2045 or Jim Krygier Golf Outing Chair: golfouting@bishopfoley.org

2023 BISHOP FOLEY ALUMNI GOLF OUTING RESPONSE FORM

(Please detach and mail: **BFC Alumni Golf Outing; 32000 Campbell Road, Madison Heights, MI 48071.**

Advertisers and sponsors please send your logo/graphic in jpeg format to graczyk@bishopfoley.org.)

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|--|--|
| _____ \$1,500 Gold Sponsor | _____ \$300 Hole in One Sponsor |
| _____ \$1,000 Silver Sponsor | _____ \$250 Hole Sponsor |
| _____ \$750 Bronze Sponsor | _____ I am unable to attend, but wish to make a donation |
| _____ \$100 Beverage Cart sponsor (5 available) | |
| _____ Prize donation: Enclosed _____ Contact me regarding delivery _____ | |
| _____ \$150 Banner Advertisement (Send logo in jpeg format to graczyk@bishopfoley.org) | |
| _____ \$130 Individual (By July 28 th) | _____ \$140 Individual (After July 28 th) |
| _____ \$520 Foursome (By July 28 th) | _____ \$560 Foursome (After July 28 th) |
| _____ \$80 Golf Only _____ \$45 Dinner Only | |

Payment Information

Contact Person: _____ Company/Team Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

_____ I am enclosing my check payable to "Bishop Foley Catholic High School"
 _____ Bill my MasterCard VISA Amex Discover (Please circle one)

Exp. Date: _____ Authorization Code: _____

Account: # _____ Signature: _____

GOLFERS NAMES:

1 _____ 2 _____
 3 _____ 4 _____