



**Charity Golf Tournament Scotch Pines Golf Course  
Hole, Driving Range or Putting Contest  
Sponsorship Form**

Sponsor Name \_\_\_\_\_

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

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

<b>Charity Golf Tournament for Special Olympics Idaho</b>	<b>AMOUNT</b>
<input type="checkbox"/> HOLE SPONSOR @ \$ 100 per hole	
<input type="checkbox"/> DRIVING RANGE SPONSOR @ \$250	
<input type="checkbox"/> PUTTING CONTEST SPONSOR @ \$250	
<b>TOTAL DUE:</b>	<b>\$</b>

Make check payable and send payment to:

Special Olympics Idaho  
199 E. 52<sup>nd</sup> Street  
Garden City 83714

***Thanks again for your support of our Idaho athletes!  
Federal Tax ID: 23-7185185***



**Charity Golf Tournament Scotch Pines Golf Course  
TOURNAMENT Sponsorship Form**

Sponsor Name: \_\_\_\_\_

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

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

Sponsorship Levels	AMOUNT
<input type="checkbox"/> Gold Medal Sponsor      \$3,500	
<input type="checkbox"/> Silver Medal Sponsor      \$2,500	
<input type="checkbox"/> Bronze Medal Sponsor      \$1,500	
<b>TOTAL DUE:</b>	<b>\$</b>

*Due upon receipt of invoice*

Please checks payable and payment to:

Special Olympics Idaho  
199 E. 52nd Street  
Garden City 83714

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**Charity Golf Tournament Scotch Pines Golf Course  
GOLFER/TEAM REGISTRATION FORM**

**Golfer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**FOURSOME:**

**Team Name:** \_\_\_\_\_

**Player 2 Name:** \_\_\_\_\_

**Player 3 Name:** \_\_\_\_\_

**Player 4 Name:** \_\_\_\_\_

<b>Golf Tournament Player Fees</b>		<b>AMOUNT</b>
<input type="checkbox"/> Individual Player	\$75	
<input type="checkbox"/> Foursome	\$275	
<b>TOTAL DUE:</b>		<b>\$</b>

Please checks payable and payment to: Special Olympics Idaho  
199 E. 52<sup>nd</sup> Street  
Garden City 83714

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***CHARITY GOLF TOURNAMENT PAYMENT FORM***  
***Scotch Pines Golf Course***  
***October 3, 2020***

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Type of Payment: \_\_\_\_\_

Enclosed is a check for \$\_\_\_\_\_. Please invoice me for \$\_\_\_\_\_

Please charge my credit card:

\_\_\_\_\_ MasterCard/Visa/AMEX Acct # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC CODE \_\_\_\_\_ (3-digit number on back of card)

Authorized Signature and/or Agency Representative: \_\_\_\_\_

Date: \_\_\_\_\_

THANK YOU FOR YOU GENEROUS SUPPORT!

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Please fax, email or mail to:

Special Olympics Idaho  
199 E. 52<sup>nd</sup> Street  
Garden City, Idaho 83714

Fax: (208) 323-0486  
email: [kristi@idso.org](mailto:kristi@idso.org)

***Federal Tax ID: 23-7185185***

*Inclusion of name for media and printed materials will begin after Special Olympics Idaho has received this Commitment Form.*