



# 7th Annual Austin AADE/SPE Golf Blowout

Thursday, October 17, 2024

Falconhead Golf Course, Austin TX

4 Man Scramble – Tee Time: 1:00 PM Shotgun Start

### Sponsorships:

- Event Title Sponsor \$1,750 - Includes two 4-man teams, recognition in opening and closing ceremonies
- Scholarship Sponsor \$1,250 - Includes one 4-man team, recognition in opening and closing ceremonies
- Happy Hour Sponsor \$1,100 - Includes one 4-man team, logo on signage during closing ceremonies
- Raffle Sponsor \$600 - Recognition during raffle as prizes are given out
- Hole Sponsor \$400 - Includes one company logo on signage

Hole sponsorship allows a company to set up a tent and advertise on its designated hole if wanted. You are welcome to provide snacks and drinks at your hole, but they must be purchased through Falconhead GC.

**TEAM ENTRY FEE:** \$800 - Includes one 4-man team, green & cart fees, range balls.

**INDIVIDUAL ENTRY FEE:** \$200 - Includes placement on a 4-man team, green & cart fees, range balls.

- ✓ Mulligans will be sold at the event for \$25 dollars  
Each ticket will count as one entry into the raffle

**Total Amount Due \$ \_\_\_\_\_**

<input type="checkbox"/>	<b>Event Title Sponsor</b>	<b>\$1750</b>
<input type="checkbox"/>	<b>Scholarship Sponsor</b>	<b>\$1250</b>
<input type="checkbox"/>	<b>Happy Hour Sponsor</b>	<b>\$1100</b>
<input type="checkbox"/>	<b>Raffle Sponsor</b>	<b>\$600</b>
<input type="checkbox"/>	<b>Team Entry</b>	<b>\$800</b>
<input type="checkbox"/>	<b>Hole Sponsor</b>	<b>\$400</b>
<input type="checkbox"/>	<b>Individual Golfer</b>	<b>\$200</b>



**CONTACT INFO:**

Company Name: \_\_\_\_\_

Player List (1<sup>st</sup> player is team contact):

Player #1 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Player #2 Name: \_\_\_\_\_

Player #3 Name: \_\_\_\_\_

Player #4 Name: \_\_\_\_\_

**PAYMENT INFO:**

Credit Card #: \_\_\_\_\_ Exp. Date & CCV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**OR**

**Register online using the link or QR code below**

<https://app.asforms.net/api/as/g0zQe>

**\*credit card processing fees will apply**



**For registration information or questions:**

Email: ctaade@gmail.com

Phone: 210-262-1823