



Benjamin Taylor Huth Memorial Golf Tournament

Sponsored by

The Epilepsy Foundation of Greater Cincinnati and Columbus

June 9, 2017

Elk Run Golf Course

Sponsorship Opportunities:

\$5,000 Title Sponsor

As the Title Sponsor, you or your company will be recognized as the major sponsor for all publicity involving the event. Your name or company name/logo will be prominently displayed throughout the event. You or your company will be entitled to two complimentary foursomes in the outing.

****The Shirt Sponsorship Level for 2017 limit has been reached**** \$4,000 Shirt Sponsor

You or your company will be recognized as a Shirt Sponsor with your name or company name/logo placed on the sleeve of the event shirt that all players receive. Additionally, you will be entitled to one complimentary foursome in the outing.

\$2,500 Presenting Sponsor

As the Presenting Sponsor, you or your company will be recognized as one of the main sponsors for all publicity involving the event. Your name or company name/logo will be displayed prominently throughout the event and you will be recognized verbally for your sponsorship. Additionally, you will be entitled to one complimentary foursome in the outing.

\$2,000 Scholarship Sponsor

As a Scholarship Sponsor, you or your company will be recognized as a sponsor of the Taylor Huth Scholarship Foundation for all publicity involving the event. Your contribution will also go towards aiding a young adult with epilepsy as they attend college.

\$300 Golf Cart Sponsor

You or your company will be recognized as a Golf Cart Sponsor with a sign displaying your name or company name/logo on one of the golf carts used throughout the tournament.

\$100 Individual Hole Sponsor

You or your company will be recognized as a hole sponsor with a sign displaying your name or company name/logo on the tee box or green at one of the event holes.

Sponsor Information



Memorial
Golf Tournament
TAYLOR HUTH SCHOLARSHIP FOUNDATION

Sponsorship level: _____

Company or Personal Name (as you would like it to appear in all printed materials for event):

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Contact Name: _____

Email address: _____

Signature: _____ Date: _____

Check enclosed _____ (or, call (513) 721-2905 to pay by credit card)

List participants below:

| | Golf | Dinner |
|----------|-------|--------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |

Please make check payable and return to:

Epilepsy Foundation of Greater Cincinnati and Columbus
895 Central Ave., Suite 550
Cincinnati, OH 45202



**EPILEPSY
FOUNDATION**
Greater Cincinnati and Columbus

Or, Fax to: (513) 721-0799

Questions: call Mark Findley or Kathy Schrag at (513) 721-2905, or email
mfindley@epilepsy-ohio.org or kschrag@epilepsy-ohio.org

Thanks for your support!