

SYTA YOUTH FOUNDATION GOLF CLASSIC

Monday, October 27, 2025 *Eagle Creek Golf Club Orlando*



SPONSORSHIP FORM

PRESENTING/TITLE SPONSOR 1 available \$25,000	<input type="radio"/>
PAIRINGS PARTY SPONSOR 1 available \$12,500	<input type="radio"/>
GOLF SHIRT SPONSOR 1 available \$7,500	<input type="radio"/>
LUNCHEON/AWARDS CEREMONY SPONSOR 1 available \$7,500	<input type="radio"/>
BREAKFAST SPONSOR 1 available \$5,000	<input type="radio"/>
BEVERAGE CART SPONSOR 2 available \$5,000	<input type="radio"/>
19th HOLE SPONSOR 1 available \$5,000	<input type="radio"/>
MULLIGAN PACKAGE SPONSOR 1 available \$3,000	<input type="radio"/>
HOLE-IN-ONE SPONSOR 1 available \$3,000	<input type="radio"/>
PUTTING CONTEST SPONSOR 1 available \$3,000	<input type="radio"/>
DRIVING RANGE SPONSOR 2 available \$3,000	<input type="radio"/>
TRANSPORTATION SPONSOR 1 available \$2,500	<input type="radio"/>
ENTERTAINMENT SPONSOR 1 available \$2,500	<input type="radio"/>
GOLF BALL SPONSOR 1 available \$2,500	<input type="radio"/>
PHOTO SPONSOR 1 available \$1,500	<input type="radio"/>
PRINT SPONSOR 1 available \$1,500	<input type="radio"/>
GIFT BAG SPONSOR 1 available \$1,500	<input type="radio"/>
PREMIER HOLE SPONSOR 9 available \$1,500	<input type="radio"/>
HOLE SPONSOR 9 available \$1,000	<input type="radio"/>
FRIENDS OF THE FOUNDATION \$500	<input type="radio"/>

COMPANY NAME: _____
As you would like to be recognized

CONTACT NAME: _____

COMPANY ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

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SPONSORSHIP PAYMENT FORM

PLEASE ENTER YOUR SPONSORSHIP LEVEL AND TOTAL AMOUNT HERE:

PAYMENT INFORMATION

Please Check One

INVOICE MY COMPANY

CHECK (Payable to SYTA)

CREDIT CARD:
Mastercard, Visa, Amex or Discover

NAME: _____

(As it appears on card)

ADDRESS: _____

(Associated with card)

CITY: _____ **STATE:** _____ **ZIP:** _____

CREDIT CARD NUMBER: _____ **EXP. DATE:** _____ **SECURITY CODE:** _____

CARDHOLDER SIGNATURE: _____ **DATE:** _____

WE ARE UNABLE TO ATTEND OR SPONSOR THIS EVENT BUT WISH TO CONTRIBUTE: _____

TOTAL AMOUNT DUE: _____

Make checks payable to the SYTA Youth Foundation and mail to:

SYTA Youth Foundation, 2776 S. Arlington Mill Dr. #564, Arlington, VA 22206

High-resolution logos must be submitted to SYTA no later than September 5, 2025 to be listed on event signage and materials.

QUESTIONS?

Contact: David Lindsey 407-450-1752
golf@sytayouthfoundation.org

CANCELLATION & PAYMENT POLICY:

This document serves as a contract. All sponsorship requests are final. Execution of this registration form signifies assumption of legal responsibility to pay for all opportunities as stipulated on the form. Payment must be made in U.S. dollars drawn on a U.S. bank. You will receive an email confirmation and receipt once the contract is processed.