

The Therapy Place, Inc.
Charity Golf Tournament -- April 18, 2011
Spring Valley Country Club

SPONSORSHIP FORM

Contact Name: _____

Company Name: _____
(as it should appear in promotional materials)

Address: _____

City, State Zip _____

E-mail: _____

Phone: _____

Web to link from our site: _____

Type of Sponsorship:

- Platinum (\$5,000) – includes 2 teams (use 2 forms)
- Gold (\$3,500) – includes 1 team
- Silver (\$2,500) – includes 1 team
- Bronze (\$1000)
- Friends (\$500)
- Hole Sponsor (\$100)

- Other (Specify amount \$_____)
- Auction or Door Prize Item
Specify Item _____ Est Value _____

Brief Description _____

Questions regarding the tournament may be directed to Dawn Darby @ 803-787-3033 or info@thetherapyplace.org.

Please make checks payable to: The Therapy Place, Inc. and mail to:
3620 Covenant Road; Columbia, SC 29204. All payments must be received by April 8, 2011.

Electronic Forms and more information may be found at:
www.thetherapyplace.org