



COCA's 27th Annual Golf Outing Thursday, June 16, 2022

Your Name: _____ Phone Number: _____

Company Name: _____

REGISTRATION INFORMATION

CART	NAME	TITLE	COMPANY NAME	EMAIL
1A				
1B				
2A				
2B				

Please reserve _____ Golfer spots, additional names to follow.

Course Selection (indicate 1st and 2nd): _____ Belk Park _____ Spencer T.Olin

plans on attending the Burgers and Brats Social _____ Golfers X \$205.00 each = \$ _____

SPONSORSHIP INFORMATION

HOLE/ TRAP SIGN SPONSORSHIP \$225 each (Golf and/or Trap)

_____ of SIGNS X \$225.00 each = \$ _____

TRAP RAFFLE TICKETS \$20.00 each (GOLF:\$1,000. Visa Gift Card). TRAP: \$1,000. Cabela's Gift Card)

_____ Golf Raffle Tickets _____ Trap Raffle Tickets _____ Total Raffle Tickets X \$20.00 each = \$ _____

DRIVING RANGE SPONSORSHIP \$250.00 each (1 per course)

_____ Belk Park _____ Spencer T. Olin
 _____ Range X \$250.00 each = \$ _____

LUNCH SPONSORSHIPS \$500.00 each (3 max per location)

_____ Belk Park _____ Spencer T. Olin _____ Winchester Shooting Facility
 _____ Lunch Sponsorships X \$500.00 each = \$ _____

HOSPITALITY TENT SPONSORSHIPS \$600 each (1 per location)

_____ Belk Park _____ Spencer T. Olin _____ Winchester Shooting Facility
 _____ Hospitality Tent X \$600.00 each = \$ _____

CIGAR/SUNDRY CART \$650 each (1 per location)

_____ Belk Park _____ Spencer T. Olin _____ Winchester Shooting Facility
 _____ CART X \$650.00 each = \$ _____

BURGERS & BRATS DINNER SPONSORSHIPS \$1,000.00 Each (2 Max)

_____ Dinner Sponsorships X \$1000.00 each = \$ _____

SPONSORSHIPS INCLUDE: SPONSOR RECOGNITION IN LITERATURE, ANNOUNCEMENTS AND WEB SITE APPROVED SPONSOR BANNERS DISPLAYED AND/OR GIVE AWAYS AT THE EVENT

PAYMENT INFORMATION

GRAND TOTAL (from right column): \$ _____

Check enclosed: Make check Payable to **COCA, Inc.**, Mail to: **100 Lanter Court Suite 8, Collinsville IL 62234**

Send Invoice Bill to Credit card: Mastercard Visa American Express Discover

Card Number: _____ Expiration Date: ____/____

Zip Code where STATEMENT is sent: _____ VCode: _____ (last 3 digits on back of card near signature line)

Billing address: Same as Company address above

Bill to Address: Company | Contact | Address | City, State, Zip | Email address | Phone | - _____