

2026 Sponsorship Form

Company: _____

Address: _____

Contact: _____

Telephone: _____ Fax: _____

Please sign us up as a:

<input type="checkbox"/>	Tournament Sponsor	-	\$5,000
<input type="checkbox"/>	Dinner Sponsor	-	\$2,500
<input type="checkbox"/>	Golf Cart Sponsor	-	\$2,500
<input type="checkbox"/>	Lunch Sponsor	-	\$2,000
<input checked="" type="checkbox"/>	Hole In One Sponsor	-	\$1,500
<input type="checkbox"/>	On Course Refreshment Sponsor	-	\$1,500
<input type="checkbox"/>	Prize Sponsor	-	\$1,250
<input type="checkbox"/>	Hole Sponsor	-	\$1,000
<input type="checkbox"/>	Tote Bag Sponsor	-	\$750
<input type="checkbox"/>	Golf Towel Sponsor	-	\$750
<input type="checkbox"/>	Golf Bag Tag Sponsor	-	\$750
<input type="checkbox"/>	Par Partner	-	\$500
<input type="checkbox"/>	Fairway Friend	-	\$250

We look forward to your support.

Please return this form to:

UCFS Healthcare
Attn: Jennifer Ermler
47 Town Street
Norwich, CT 06360

For more information, call Jennifer Ermler
at 860-822-4147 or jermiler@ucfs.org.

