



**24<sup>TH</sup> ANNUAL GOLF TOURNAMENT**  
**UNIVERSITY OF KING'S COLLEGE ALUMNI ASSOCIATION**  
**GRANITE SPRINGS GOLF CLUB**  
**TUESDAY, AUGUST 22, 2017**

## **SPONSORSHIP OPPORTUNITIES**

All funds raised support student awards and programs.

### **\$1,000 – MASTERS LEVEL SPONSOR**

- Corporate recognition as Masters Level Sponsor with logo displayed on signage at the tournament
- One Masters Level Sponsor signage per hole
- Corporate recognition as Masters Level Sponsor on web-site
- Corporate recognition as Masters Level Sponsor in thank you ad in *Tidings*, the alumni magazine of the University of King's College, distributed to more than 9,000 households

### **\$ 500 – CHAMPION LEVEL SPONSOR**

- Corporate recognition as Champion Level Sponsor with name displayed on signage at the tournament
- Individual sponsor signage on one of 18 holes, shared with up to two other Champion Level Sponsors
- Corporate recognition as Champion Level Sponsor with name on web-site
- Corporate recognition as Champion Level Sponsor with name in thank you ad in *Tidings*, the alumni magazine of the University of King's College, distributed to more than 9,000 households



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**We agree to sponsor King's Alumni Association Annual Golf Tournament:**

**Please select one:**

\_\_\_ \$1,000 **Masters** Level Sponsor

\_\_\_ \$ 500 **Champion** Level Sponsor

**Contact Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please indicate how your organization's name should appear in all sponsorship listings:**

\_\_\_\_\_

Please send a high-res version of your company logo to [kathy.miller@ukings.ca](mailto:kathy.miller@ukings.ca) by **August 8, 2017**. These logos will be used for signage and need to be as high-res as possible.

**Payment Information**

<input type="checkbox"/> Cheque enclosed (payable to The University of King's College Alumni Association )
<input type="checkbox"/> Please send an invoice
<input type="checkbox"/> Please use this credit card information: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex
Card Number: _____ Expiry: _____
Cardholder's Name: _____ Signature: _____

Please forward registration and payment to: University of King's College  
Advancement Office  
6350 Coburg Road, Halifax, NS B3H 2A1  
Kathy Miller: [kathy.miller@ukings.ca](mailto:kathy.miller@ukings.ca)  
Tel: (902) 422-1271 ext 152 Fax: (902) 425-0363