



Second Annual New Orleans Golf Tournament



Sponsorship Registration

- Lionhearted Sponsor \$10,000.00**
 - Event "presented by" your company
 - Sponsorship promoted in media outreach
 - Gifting Opportunity and On-Site Activation
 - Includes: Premium sign at Tournament Entry;
 - 2 Team Entries; 10 raffle tickets

- Truehearted Sponsor \$5,000.00**
 - Sponsorship promoted in media outreach
 - Gifting Opportunity
 - Includes: Premium sign at 2 holes of choice;
 - 2 Team Entries; 8 raffle tickets

- Tenderhearted Sponsor \$2,500.00**
 - Sponsorship promoted in media outreach
 - Gifting Opportunity
 - Includes: Premium sign at hole of choice;
 - 1 Team Entry; 4 raffle tickets

- Warmhearted Sponsor \$1,000.00**
 - Includes: Sign at sponsored hole; 1 Team Entry

YOUR INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

COMPANY: _____ (optional)

- My sponsorship was paid online via credit card on ____/____/____
- My check for _____ is enclosed **payable to The Pablove Foundation.**

Please mail form and payment to:

The Pablove Foundation, 3801 Sunset Blvd, Los Angeles, CA 90026

Or email scanned form to Megan Rudebeck at megan@pablove.org

For office use

Sponsor: _____

Date Received: _____

Date Input/Initials: _____



TEAM NAME

#1: _____

PLAYER #1

NAME:

PHONE: _____

EMAIL: _____

HANDICAP: _____

T-SHIRT SIZE (S-XXL): _____

PLAYER #2

NAME:

PHONE: _____

EMAIL: _____

HANDICAP: _____

T-SHIRT SIZE (S-XXL): _____

PLAYER #3

NAME:

PHONE: _____

EMAIL: _____

HANDICAP: _____

T-SHIRT SIZE (S-XXL): _____

PLAYER #4

NAME:

PHONE: _____

EMAIL: _____

HANDICAP: _____

T-SHIRT SIZE (S-XXL): _____

For office use

Sponsor: _____

Date Received: _____

Date Input/Initials: _____



TEAM NAME

#2: _____
(if applicable)

PLAYER #1

NAME: _____

PHONE: _____

EMAIL: _____

HANDICAP: _____

T-SHIRT SIZE (S-XXL): _____

PLAYER #2

NAME: _____

PHONE: _____

EMAIL: _____

HANDICAP: _____

T-SHIRT SIZE (S-XXL): _____

PLAYER #3

NAME: _____

PHONE: _____

EMAIL: _____

HANDICAP: _____

T-SHIRT SIZE (S-XXL): _____

PLAYER #4

NAME: _____

PHONE: _____

EMAIL: _____

HANDICAP: _____

T-SHIRT SIZE (S-XXL): _____

For office use

Sponsor: _____

Date Received: _____

Date Input/Initials: _____