

2020 JIMMY HYAMS / KENNY WITHERS GOLF CHALLENGE

Friday, June 5th @ 8:00 a.m. Egwani Farms Golf Course

3920 Singleton Station Rd. Rockford, TN 37853

www.sertoma.com/golf



SERTOMA

A COMMUNITY OF PURPOSE, EMPOWERMENT AND PROMISE FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

Sertoma's Mission is to provide the programs and services to empower adults with intellectual disabilities to achieve their fullest potential. We are proud to serve approximately 135 adults with residential living, supported employment, recreational therapy, respite and life enrichment.

Many of our individuals do not have family support or come from indigent families. Therefore, your support of this golf tournament funds initiatives aimed at fulfilling some of the critical needs of this vulnerable population.

We hope you will bring your friends and business associates to an enjoyable day of golf for a very good cause! This is a four-person scramble and offers a silent auction, door prizes and lunch.

Sponsorship Opportunities

- **Gold Sponsorship - \$5,000**
Sponsorship includes: Four (4) Teams, flag recognition, name on all event collateral and publicity.
- **Silver Sponsorship - \$2,000**
Sponsorship includes: Two (2) Teams, flag recognition, name on all event collateral and publicity.
- **Bronze Sponsorship - \$1,000**
Sponsorship includes: One (1) team, flag recognition, name on all event collateral and publicity.
- **Team - \$800**
- **Flag Sponsor - \$350**
- **Individual Player - \$200**

How do you want your company name listed on flag and program?

REGISTRATION INFORMATION

Team or Company Name _____

Player #1 _____

Address _____

City _____ Zip _____

Email _____

Player #2 _____

Address _____

City _____ Zip _____

Email _____

Player #3 _____

Address _____

City _____ Zip _____

Email _____

Player #4 _____

Address _____

City _____ Zip _____

Email _____

REGISTRATION INFORMATION

Team or Company Name: _____

Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Method of Payment Check Bill Me Visa
 Mastercard American Express

Name on Card _____

Card Number _____

Expiration Date _____ CCV# _____

Signature _____

REGISTER ONLINE at www.sertoma.com/golf
or for more information, call, fax or email:

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