

20<sup>th</sup> Annual



**JAMES A.  
KAUFMANN  
MEMORIAL**

**James A. Kaufmann Memorial  
GOLF TOURNAMENT**

You are cordially invited to participate

**October 14, 2019  
Cherokee Town & Country Club  
Atlanta, Georgia**

Benefiting

**alzheimer's  association**

Georgia Chapter

# 2019 James A. Kaufmann Memorial GOLF TOURNAMENT

## HOLE-IN-ONE SPONSOR - \$25,000

- ❖ Three foursomes in golf tournament
- ❖ Promotional advertising banners on day of event
- ❖ Tee sign advertisement on four (4) holes
- ❖ Acknowledgement in mailings to participants
- ❖ Acknowledgement during opening and closing remarks
- ❖ Tee gift package
- ❖ Opportunity to include a pre-approved promotional item and marketing collateral in the tee gift package

## EAGLE SPONSOR - \$10,000

- ❖ Two foursomes in golf tournament
- ❖ Tee sign advertisement on two (2) holes
- ❖ Acknowledgement in mailings to participants
- ❖ Acknowledgement during closing remarks
- ❖ Tee gift package
- ❖ Opportunity to include a pre-approved marketing collateral piece in the tee gift package

## BIRDIE SPONSOR - \$5,000

- ❖ One foursome in golf tournament
- ❖ Tee sign advertisement on two (2) holes
- ❖ Acknowledgement in mailings to participants
- ❖ Acknowledgement during closing remarks
- ❖ Tee gift package

## TEAM SPONSOR - \$2,900

- ❖ One foursome in golf tournament
- ❖ Tee gift package

## INDIVIDUAL - \$800

- ❖ One golfer in tournament
- ❖ Tee gift package

# 2019 James A. Kaufmann Memorial GOLF TOURNAMENT

## PRACTICE TEE SPONSOR - \$1,500

- ❖ Exclusive signage located on Cherokee practice tee w/name or company logo
  - ❖ One golfer in tournament
  - ❖ Tee gift package
- \*One sponsorship available*

## PUTTING GREEN SPONSOR - \$1,500

- ❖ Exclusive signage located on Cherokee practice putting green w/name or company logo
  - ❖ One golfer in tournament
  - ❖ Tee gift package
- \*Two sponsorships available*

## HOLE SPONSOR - \$1,000

- ❖ One golfer in tournament
- ❖ Tee sign advertisement on one (1) hole
- ❖ Tee gift package

**20<sup>th</sup> ANNUAL JAMES A. KAUFMANN MEMORIAL  
GOLF TOURNAMENT  
Monday, October 14, 2019  
Registration Form**

- |   |   |
|---|---|
| <input type="checkbox"/> Hole-In-One Sponsorship - \$25,000 | <input type="checkbox"/> Practice Tee Sponsorship - \$1,500   |
| <input type="checkbox"/> Eagle Sponsorship - \$10,000       | <input type="checkbox"/> Putting Green Sponsorship - \$1,500  |
| <input type="checkbox"/> Birdie Sponsorship - \$5,000       | <input type="checkbox"/> Hole Sponsorship - \$1,000   |
| <input type="checkbox"/> Team Sponsorship - \$2,900         | <input type="checkbox"/> My company cannot participate in the golf tournament, but would like to make a contribution to the Alzheimer's Association |
| <input type="checkbox"/> Individual - \$800                 |   |

**PRIMARY CONTACT**

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL \_\_\_\_\_

**TEAM MEMBERS:**

(1) Name \_\_\_\_\_ Handicap \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(2) Name \_\_\_\_\_ Handicap \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(3) Name \_\_\_\_\_ Handicap \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(4) Name \_\_\_\_\_ Handicap \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2019 JAMES A. KAUFMANN MEMORIAL  
GOLF TOURNAMENT

PAYMENT INFORMATION

\_\_\_\_\_ Please bill my company in \_\_\_\_\_ (month) of 2019

\_\_\_\_\_ Enclosed is our check made payable to Alzheimer's Association, Georgia Chapter

\_\_\_\_\_ Please charge my credit card (circle one) VISA    MASTERCARD    AMEX

Name as it appears on card: \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

Address: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

In order to reserve your space in the 20<sup>th</sup> Annual James A. Kaufmann Memorial Golf Tournament,  
Please mail or fax response form to:

Alzheimer's Association, Georgia Chapter

Attention: Andrea Mickelson

41 Perimeter Center East, Suite 550

Atlanta, GA 30346

Phone: 770.842.1144 Fax: 404.636.9768

[amickelson@alz.org](mailto:amickelson@alz.org)

[www.jamesakaufmann golf.org](http://www.jamesakaufmann golf.org)

Teams will be filled on a first come, first served basis. Please register early.

**THANK YOU IN ADVANCE FOR YOUR SUPPORT!**