

SPONSORSHIP COMMITMENT FORM

**12th Annual "Raising the B.A.R."
Bruce A. Rendina Memorial Golf Tournament
November 8, 2019**

Thank you for supporting The Rendina Family Foundation, Inc. As a Sponsor, you are entitled to the related benefits explained on the previous pages. Please check your financial commitment:

- \$15,000 "Raising the B.A.R." Sponsor \$2,500 Par Sponsor
 \$10,000 Eagle Sponsor \$1,000 Hole Sponsor
 \$5,000 Birdie Sponsor

ADDITIONAL OPPORTUNITIES

- \$500 Full page ad \$300 Half page ad \$150 Quarter page ad

Signature: _____

Name & Title: _____

Completing the information below will ensure that you are correctly listed in all of our publications.

Name to be Recognized: _____

Contact Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-Mail: _____

We will contact you upon receipt of this form to provide ad specs for the event program. Ads are due by October 25, 2019.

Thank you for your support of The Rendina Family Foundation, Inc. Once the commitment form is signed and received, payment terms will be finalized and a reminder will be sent if payment is not enclosed.

Payment Method: Credit Card Check Enclosed
(If check, please make out to Rendina Family Foundation)

Credit Card #: _____

Expiration Date: _____ CVC code: _____

Signature to authorize charges: _____

Visa Master Card American Express Billing Zip Code: _____

Please complete form and fax to (561) 429-4635, email to rena@c3pb.com or mail to 661 University Blvd. #200, Jupiter, FL 33458

**REGISTER ONLINE BY VISITING OUR WEBSITE
WWW.RENDINAFAMILYFOUNDATION.ORG**

***If interested in Golf or After Party Tickets a la carte,
please see back of this card.***

RSVP

RSVP by October 25, 2019

Name _____

Company _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Yes, I would like _____ player spot(s) at \$550 each.

Includes one (1) player in Golf Tournament and two (2) tickets to the after party.

Yes, I would like _____ additional tickets to the after party at \$50 each.

Type of Credit Card _____

Name on Card _____

Billing Address _____

City/State/Zip _____

Card # _____ Exp. Date _____

Signature _____ CVC # _____

PLAYER REGISTRATION

Golfer #1 _____ Handicap _____

Men's Shirt Size S M L XL XXL

or Women's S M L XL

Golfer #2 _____ Handicap _____

Men's Shirt Size S M L XL XXL

or Women's S M L XL

Golfer #3 _____ Handicap _____

Men's Shirt Size S M L XL XXL

or Women's S M L XL

Golfer #4 _____ Handicap _____

Men's Shirt Size S M L XL XXL

or Women's S M L XL



A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING 1-800-435-7352, TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

Florida Department of Agriculture and Consumer Services registration number: CH14773