



I CAN DREAM
THEATRE

Golf Tournament 2019

SPONSORSHIP REGISTRATION

Name of Main Contact: _____

Name of Company: _____

Address: _____

E-Mail: _____

Tel: _____

- Tournament Sponsor**
(includes complimentary foursome) \$ 7,000
- Dinner Sponsor** \$ 2,500
- Carts Sponsor** \$ 1,500
- Ambassadors' Table** \$ 500
- Wine Sponsor** \$ 500
- Hole Sponsor** \$ 200
- Charitable Donation*** \$ _____

**Donations of \$20 or more are eligible for a charitable tax receipt for the full amount.*

I am able to provide:

- Promo items for the golfers**
- Raffle Prizes**

Sponsors can claim 100% of their sponsorships as an advertising expense.

Club de Golf Belle Vue - Châteauguay
880, boul. de Léry, Ville de Léry (Québec) J6N 1B7



Saturday, June 22nd, 2019 at 1:00 p.m.

GOLFER REGISTRATION

I will register _____ golfer(s) at a cost of \$150 per golfer includes cart, green fees, and dinner. *A partial charitable receipt per golfer will be issued provided information is completed below for each participant.*

Player 1: _____

Address: _____

E-Mail: _____
_____ T: _____

Player 2: _____

Address: _____

E-Mail: _____
_____ T: _____

Player 3: _____

Address: _____

E-Mail: _____
_____ T: _____

Player 4: _____

Address: _____

E-Mail: _____
_____ T: _____

I will register _____ person(s) for the DINNER ONLY at a cost of \$60 pp. *A partial charitable receipt per person will be issued.*

**For more information or inquiries please contact:
Fiona Macdiarmid at 514.516.6041 or by email at
icdtgala@gmail.com**

PAYMENT INFORMATION: Total Amount: \$ _____

- Cheque (payable to **I Can Dream Theatre**)
- MasterCard Visa Amex Card Number: _____ Expiry: _____ CVS: _____

If you prefer you may call Fiona Macdiarmid with your credit card payment information.

Upon Sponsorship payment, I would prefer to receive:

- Invoice
- Payment Receipt

Charitable receipts will be issued provided information is completed for each person.

For Donations/Golf-Dinner/Dinner only please indicate to whom the tax receipt(s) should be issued:

I do not require a charitable receipt.

52 Westland Place, Montreal, Quebec, H4X 1M2

Tel: 514-754-4518 / www.icandreamtheatre.com / Charitable Registration #: 81239 8923 RR0001