



Oxford Lafayette County  
Economic Development Foundation  
Post Office Box 108, Oxford, Mississippi 38655



The Range at TGC Outdoors presents the 11th Annual EDF Golf Classic featuring Jake Gibbs Ole Miss All American  
October 12th, Country Club of Oxford, 1pm Shotgun Start

**Player & Sponsorship Opportunities**

- \_\_\_ Please include me as a **Hole Sponsor, \$150**. I will receive a Sign at a Sponsored Hole with my name on it.
- \_\_\_ Please include me as a **Contest Hole Sponsor, \$300**. I will receive 1 Golf Pass, Sign at Contest Hole with Company Logo & Acknowledgement on Sponsor Banner.
- \_\_\_ Please include me as a **Silver Sponsor, \$500**. I will receive 2 Golf Passes, a Sign with your Company's Logo at a hole and Recognized in program and Company Logo on Sponsor Banner.
- \_\_\_ Please include me as a **Lunch Sponsor, \$500**. I will receive Prominent Acknowledgement on signage regarding event, a Sign with your Company's Logo at a hole and Recognized in program & Logo on Sponsored Banner.
- \_\_\_ Please include me as a **Beverage Cart Sponsor, \$400**. Our company logo will be showcased on the Beverage Cart, which will circulate throughout the course and company logo will be Recognized in program & Logo on Sponsored Banner
- \_\_\_ Please include me as a **Gold Sponsor, \$800**. I will receive 4 Golf Passes & Prominent Acknowledgement, a Sign with your Company's Logo at a hole and Recognized in program & Logo on Sponsored Banner.
- \_\_\_ **Ind. Player \$125** \_\_\_ **Team of 4 Players \$400**.
- \_\_\_ I would like to **Donate a Door Prize**.
- \_\_\_ I would like to donate 200 items to go in **Goodie Bags**.
- \_\_\_ I would like to purchase \_\_\_ **Raffle Ticket** at \$10, **TBA**.
- \_\_\_ I would like to make a **Cash Donation** in lieu of playing.

**Company Name** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name of Players** \_\_\_\_\_, \_\_\_\_\_

**Payment may be made by Check/Cash or Credit Card**

Total Amount Enclosed: \$ \_\_\_\_\_

**Credit Card Information**

Visa     MasterCard     American Express    Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Return Form & Make Check Payable To: Economic Development Foundation, PO Box 108, Oxford MS 38655**  
**Email to rosie@oxfordms.com    Deadline: Sept. 28th.**