



FLBM Golf Tournament



Date: **September 9, 2019** | Place: **Lakeside Country Club, Penn Yan** | Time: **9AM Registration, 10AM**

Select Sponsorship Level:

TITLE (\$3000)	BUSINESS (\$1000)	PATRON (\$500)	HOLE (\$100)
<p>Named as Principal Event Sponsor</p> <p>Featured as a Title Sponsor in the promotional materials</p> <p>Title Sponsor's logo on the ads promoting the tournament</p> <p>2 Team Registrations</p> <p>6 Guest Passes to the Museum</p> <p>6 Passes for Museum Boat Cruise</p> <p>Sponsorship feature ad on the FLBM website 2019</p> <p>Ad in the Copper Nail 2019</p> <p>Signage</p>	<p>Featured as a Business Sponsor in the promotional materials</p> <p>Sponsor's logo on the ads promoting the tournament</p> <p>1 Team Registration</p> <p>4 Guest Passes to the Museum</p> <p>4 Passes for Museum Boat Cruise</p> <p>Sponsorship feature ad on the FLBM website 2019</p> <p>Ad in the Copper Nail 2019</p> <p>Signage</p>	<p>Featured as a Patron Sponsor in the promotional materials</p> <p>Sponsor's logo on the ads promoting the tournament</p> <p>4 Guest Passes to the Museum</p> <p>Sponsorship feature ad on the FLBM website 2019</p> <p>Signage</p>	<p>Signage at the Sponsor's hole</p> <p>Listing in Tournament Program</p> <p>2 Guest Passes to the Museum</p> <p>Sponsorship feature ad on the FLBM website 2019</p>

Sponsorship benefits will commence from the date of signature through the end of 2019. Please send logo and/or other promotional material in PDF or JPG format to media@flbm.org Please mail sponsorship form to:

Finger Lakes Boating Museum
PO Box 575
8231 Pleasant Valley Rd
Hammondsport, NY 14840

(606) 569-2222 | flbm.org

SEE BELOW

Sponsorship Form



**Finger Lakes Boating Museum
Annual Golf Tournament**



Please Print Clearly

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Cell _____

Email _____

Company Name _____

Signature _____

- ☐ \$3000 TITLE SPONSOR
☐ \$1000 BUSINESS SPONSOR
☐ \$500 PATRON SPONSOR
☐ \$100 HOLE SPONSOR

**Or register
online at:
flbm.org/register**

CREDIT CARD OR MAKE CHECK PAYABLE TO FLBM

Amount: _____ Card Type: _____

Name on card: _____

Card #: _____ CCV: _____

Expiration Date: _____