



GEORGE LIONAKIS

MEMORIAL GOLF TOURNAMENT

Friday, June 16th, 2017

MORGAN CREEK GOLF CLUB

Registration at 7:00am | Shotgun Start at 8am

Form Return Deadline: June 2nd

Name _____

Business/ Organization _____

Street Address _____

City / State / Zip _____

Phone _____

Email _____

Player Names

1.	
2.	
3.	
4.	

1.	
2.	
3.	
4.	

Qty	Sponsorship Packages	Amount		Amount
	Total Table Sponsorship SOLD OUT	\$3,000	2 Foursomes, Banner at Registration, Program / Website Recognition, 4 Putting Contest Entries, 2 Mulligan Packages, 2 Extra Lunch Tickets	
	Hole Sponsorship	\$1,500	Foursome, Hole Signage, Program / Website Recognition, Mulligan Package	
	Eagle Sponsors	\$750	Twosome, Program / Website Recognition	
	Tee Box Sign	\$250	Tee Box Sign, Single Lunch Program Admittance	
	Cigar & Tequila Station	\$750	Meet and entertain every player on the course, 2 lunch program passes	
	Hydration Station	\$750	Meet and entertain every player on the course, 2 lunch program passes	
	Key Chain SOLD OUT	\$750	Meet and entertain every player on the course, 2 lunch program passes	
	Snack Trays SOLD OUT	\$500	Meet and greet every player on the course while handing out snacks, 2 lunch program passes	
	Additional Lunch Guest	\$50	Lunch Program Only	
	Additional Sponsorship			
Total Pledged or Enclosed				

By checking this box I am agreeing to this waiver and release. As a condition of my participation in the events described above, hereby agree to release, indemnify and hold harmless Lionakis, its officers, directors, board members, employees, agents, sponsors, and other event participants from any claims for damages, liability, or costs incurred by me or my guests arising out of my participation in the Lionakis Golf Tournament, including but not limited to claims arising as a result of the consumption of alcoholic beverages, golfing, or the acts of other individuals participating in the events; and further agree to hold and indemnify said parties for any damages, injuries, or liabilities to which I have contributed arising out of my participation in the event.

Name on Card _____

Check - Amount Enclosed \$ _____

(payable to Lionakis)

Card # _____

Expiration Date _____ CVC # _____ Visa / MC / Discover / AmEx

Billing Address _____

City, State, Zip _____

Authorizing Signature _____

Mail/FAX/Email form and payment to:

LIONAKIS

1919 19TH STREET

SACRAMENTO, CA 95811

Fax : (916) 558-1919

Email : Golf.Tournament@lionakis.com