



"TOGETHER WE GOLF"
GSN Foundation 2022 Golf Tournament
 Wednesday, April 20th
 1:00 PM
Savannah Country Club
 501 Wilmington Island Rd, Savannah, GA

Your team will include a school nutrition decision maker. If there are school districts that you would like a chance to have on your team, please note those districts below on the "Player 4" line. We cannot guarantee placement, but will try and accommodate requests.

TEAM REGISTRATION

Contact Name: _____ Company Name: _____

E-mail: _____ Phone: _____

Team Registration : \$500

Team Name _____

Captain - _____

Player 2 - _____

Player 3 - _____

Player 4 - _____



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*2022 Golf Tournament
 Presenting Sponsor*

INDIVIDUAL PLAYER REGISTRATON

Individual Registration \$125

Individual Player Name _____

SPONSORSHIP

SOLD GSN Foundation Golf Tournament Presenting Sponsor \$3,000 SOLD

Your company will be the title sponsor of the golf outing. Company logo/branding will be visible throughout the tournament and presented as the sole presenting sponsor to GSNA membership.

Hole Sponsor \$100 a hole - Name of company to sponsor Hole _____

I would like to sponsor Hole # _____

Sponsorship includes signage at the hole. List the hole number/s you would like to sponsor. If none is indicated a hole will be assigned. Ex. Par 3 Holes = 3, 5, 11, 13; Par 5 Holes = 4, 9, 16, 18

Please attach your corporate logo.

Goody Bag Sponsor

I would like to donate (50) items for goody bags (ex. snacks, company logo items, literature). List the item/s you would like to donate.

DONATIONS

Donations - I am not playing but would like to donate to the Foundation. I would like to donate. \$ _____

EVENING ENTERTAINMENT

\$35 I am not playing in the tournament but would like to join in on the Evening Entertainment & Awards.

PAYMENT

Registration (Ind/Team)\$ _____ + Sponsorship\$ _____ + Evening Events\$ _____ + Donation\$ _____ = **TOTAL\$** _____

Check Enclosed - Make Payable to GSN Foundation

Bill Me by Invoice

Credit Card - (Visa, MasterCard, American Express)

Card Number: _____ Exp. Date: _____ Security Code: _____

Cardholder's Name: _____ Authorized Signature: _____

Cardholder's Billing Address _____

Street Address

City

State

Zip

Please return this form to GSNA Headquarters:

Mail: 2372 Main St, Tucker, GA 30084 FAX: 770-934-8917 Email: info@georgiaschoolnutrition.com Phone: 770-934-8890