

Register Now! [bit.ly/DCOCSmokeRiseGolf](http://bit.ly/DCOCSmokeRiseGolf)



**DEKALB  
CHAMBER**  
Access. Influence. Leadership.

# 15TH ANNUAL GOLF Classic

Smoke Rise Country Club  
**October 28, 2019**  
8:30 AM - 4:30 PM

Registration	8:30 AM
Shotgun	10:00 AM
Ladies Clinic	1:30 PM
Reception	3:30 PM

"A golfer's diet: live on greens as much as possible."  
~Author Unknown

## Ways You Can Help



- Become a corporate Sponsor
- Purchase lots of raffle tickets for our big ticket item
- Donate an item(s) for our Raffle
- Volunteer

**Contact:**

Emily Yang

404.378.8000 x234 or email  
[eyang@dekalbchamber.org](mailto:eyang@dekalbchamber.org)

#CelebrateDeKalb #GolfinDeKalb

# SPONSORSHIP OPPORTUNITIES

*(1 Presenting Sponsor Available)*

\_\_\_ **\$10,000** Presenting Sponsor

*(2 Titanium Sponsors Available)*

\_\_\_ **\$7,500** Titanium Sponsor (19th Hole Reception)

*(2 Double Eagle Sponsors Available)*

\_\_\_ **\$5,000** Golf Cart Sponsor (Dbl Eagle)

\_\_\_ **\$5,000** Beverage Cart Sponsor (Dbl Eagle)

*(5 Eagle Sponsors Available)*

\_\_\_ **\$3,500** Putting Green/Contest Sponsor (Eagle)

\_\_\_ **\$3,500** Lunch Sponsor (Eagle) (2 Available)

\_\_\_ **\$3,500** Cart Path Sponsor (Eagle) (2 Available)

*(15 Birdie Sponsors Available)*

\_\_\_ **\$2,500** Breakfast Sponsor (Birdie) (2 Available)

\_\_\_ **\$2,500** Hole-In-One Sponsor (Birdie)

\_\_\_ **\$2,500** Closest-to-the-Pin Sponsor (Birdie)

\_\_\_ **\$2,500** Longest-Drive Sponsor (Birdie)

\_\_\_ **\$2,500** Driving Range Sponsor (Birdie)

\_\_\_ **\$2,500** Basic Birdie Sponsor (Birdie) (9 Available)

*(17 Caddie Sponsors Available)*

\_\_\_ **\$1,000** Caddie Sponsor (No Golfers)

*(Unlimited)*

\_\_\_ **\$500** Hole Sponsor

#CelebrateDeKalb #GolfinDeKalb

Check\_\_\_\_\_Credit Card\_\_\_\_\_

Please make checks payable to:

**DeKalb Chamber of Commerce**

**Two Decatur Town Center, 125 Clairmont Avenue,**

**Suite 235, Decatur, GA 30030**

**Federal ID#58-0218054**

**Memo: Golf Tournament**

Credit Card Payment Options (Check One)

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amerx \_\_\_\_\_ Discover

(CC#) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(CSC) \_\_\_\_\_ (Exp) \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_

Authorized Signaure \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

## REGISTRATION INFORMATION

Primary Contact Person:

Company Name:

Company Address:

City, State Zip:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address:

Important: Cell Phone Needed:

(Emergency Only, ie. Cancellation or postponement)

## PARTICIPANT INFORMATION – GOLFERS

Player 1: \_\_\_\_\_

Handicap: \_\_\_\_\_

Player 2: \_\_\_\_\_

Handicap: \_\_\_\_\_

Player 3: \_\_\_\_\_

Handicap: \_\_\_\_\_

Player 4: \_\_\_\_\_

Handicap: \_\_\_\_\_