

# Come Join Us For Our First Annual 2018 CCT Benefit Golf Tournament



The Ponkapoag Golf Course

2167 Washington Street

Canton, MA 02021

781-828-4242

Sept  
21<sup>ST</sup>

## Event Schedule

**7:00** Registration/Breakfast

**8:00** Shotgun Start

**1:00** Lunch and Cocktail  
Reception & Awards

**2:00** Raffle & Silent Auction  
Drawing

## CCT Benefit Golf Tournament

**Cost: Foursome - \$400** (\$100/per person)

Enjoy a day of golfing in support of our young people and the continuation of the Arts in Canton at Ponkapoag Golf Course.

Proceeds will benefit CCT's Children's programs and Scholarship Fund.

For more information visit our website  
[www.cantoncommunitytheatre.org](http://www.cantoncommunitytheatre.org)

# Sponsorships

Participation in the CCT Benefit Golf Tournament is a wonderful opportunity to keep alive and continue to foster the performing arts in the Canton area. As well as make connections with fellow theater enthusiasts in the Canton community. Funds raised will benefit The Canton Community Theatre Children's Programs, including drama classes and the CCT Summer Drama Camp, along with the CCT Scholarship Fund. For questions about sponsorship opportunities, contact: Brian Vogel (bvogelCCT@gmail.com).

The Canton Community Theatre was organized for the benefit of members of the community to provide education, entertainment and exposure to cultural experiences. The objective for the organization is to become a resource for both the residents and businesses of the greater Canton area and to enrich the cultural depth and education of the community at large. The Canton Community Theatre strives to encourage community based cultural development and creative expression, as well as to provide entertainment for the community as a whole.

## **Tournament Sponsor**

**\$3,500**

- ▶ Company logo on scoreboard
- ▶ Company logo on signage and marketing material

## **Lunch Sponsor (1 Available)**

**\$2,500**

- ▶ Company name on lunch event signage
- ▶ Company logo on signage and marketing material

## **Breakfast Sponsor (1 Available)**

**\$2,500**

- ▶ Company name on Breakfast event signage
- ▶ Company logo on signage and marketing material

## **Weather Sponsor**

**\$500**

- ▶ Company name on event weather signage
- ▶ Company logo on marketing material

## **Beverage Cart Sponsor (2 Available)**

**\$1,500**

- ▶ Logo recognition on beverage cart
- ▶ Company logo on marketing material

## **Hole Sponsor (18 Available)**

**\$70 - \$250**

- ▶ Sponsored hole with signage  
(1/4, 1/2, or Full Hole)

## Sponsorship Opportunities:

- Tournament Sponsor \$3,500**
- Breakfast Sponsor \$2,500**
- Lunch Sponsor \$2,500**
- Beverage Cart Sponsor \$1,500**
- Weather Sponsor \$500**
- Hole Sponsor \$70 - \$250**
  - ¼ Hole**
  - ½ Hole**
  - Full Hole**

This registration form will serve as an invoice. Form must be fully-completed to register. Receipt will be mailed out before the tournament.

Please mail check and registration information to:

**Canton Community Theatre**  
C/O Renée Hanscom, President  
19 Blackman Road, Canton, MA 02021

**Sponsorship:** \_\_\_\_\_

**Amount Donated:** \_\_\_\_\_

**Business Name for Sponsorship:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Additional Comments:**

**CCT Benefit Golf Tournament**  
**September 21, 2018 | Ponkapoag Golf Course**

**FOURSOME REGISTRATION FORM**

**Contact Information:**

PERSONAL

BUSINESS

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**We would like to contribute in the following way:**

- Please enter golfers, as listed below
- We would like to donate an item to the silent auction, please contact me!

**Golfer 1:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

**Golfer 2:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

**Golfer 3:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

**Golfer 4:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

**Method of Payment:**

VISA      MC      AMEX      CHECK

Amount: **\$400**

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

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

*Please make all checks payable to: **Canton Community Theatre***

**OFFICE USE ONLY:    PAID IN FULL**

**Please complete and send this form to:**  
**Canton Community Theatre**  
**C/O Renée Hanscom, President**  
**19 Blackman Road, Canton, MA 02021**