

Thursday, September 5, 2024

Registration 8:00-9:15am Driving Range Open 8:00-9:15am Continental Breakfast 8:00- 9:15am Shotgun Start 9:30 am Boxed Lunch at the Turn 12:00pm Dinner Reception 3:00pm- 5:00pm



# REGISTRATION DEADLINE 8/22/24

\*Limited to 172 Golfers

RESERVE YOUR SPOT TODAY!!!



Thank you for your support of Michigan Gas Industries!



We hope to see you there!

-SAVE THE DATE-Thursday September 5, 2024 Registration at 8:00AM Shotgun Start at 9:30AM

59th Annual

**Golf Outing** 

MGI





#### SPONSORSHIP LEVELS

#### • EAGLE CLUB

Includes: Greens fee, cart, breakfast, lunch, dinner for one Foursome. Also includes a Hole Sponsorship with Tee Signage, Banner with your corporate logo and Dinner Acknowledgment.

### • **BIRDIE CLUB**

Includes: Greens fee, cart, breakfast, lunch, dinner for one Foursome and your corporate logo on the MGI banner!

• HOLE SPONSOR

GOLF & DINNER

\$200

**\$ variable** 

\$575

\$625

Includes: Hole Sponsorship with Tee Signage. Company logo in player handbook and on MGI Banner.

\$200 PP

Includes: Green fee, cart, breakfast lunch & dinner.

DINNER ONLY	\$50 PP
Includes: Dinner	

• DINNER SPONSOR \$3,500 Includes: Sign at Dinner

Beverage cart/Banquet
Drink Sponsor \$3,000
LUNCH SPONSOR \$2,500

Includes: Sign at Turn around

## • GIFT DONATION

Gifts are greatly appreciated and will be acknowledged and raffled during Dinner.

We request, as we do every year, your generosity in prizes. We need all types of gifts-putters, hats, balls, towels, or whatever you have as goodwill gifts. Bring all your gifts to the golf outing and attach your business card if you wish.

## **REGISTRATION:**

Phone Registration by Credit Card Only

#### 248.735.7000

- Complete form below and all information to the right.

## You **CANNOT** pay with a check the day of.

LEVEL	QTY	AMOUNT
EAGLE CLUB		
BIRDIE CLUB		
HOLE SPONSOR		
GOLF & DINNER		
DINNER ONLY		
DINNER SPONSOR		
DRINK SPONSOR		
LUNCH SPONSOR		
GIFT DONATION		
TOTAL		

#### **CONTACT INFORMATION**

Name

Company_					
Address					
City		State	Zip		
Phone					
Email					
	GROUP	MEMB	ERS		
CRI	EDIT CARD		RMATION		
CRI			AMANON		
Visa	MasterCard		American Express		
Card Holder's Name					
Account #_					
CVV#	Ехр.	Date:			
Billing Addre	ess				
<b>C</b>		<b>c</b>	7.		
City		State	Zip		
Signature					