



Ottawa
Dental Society

61st ODS Golf Day
Friday, June 9, 2023

Carleton Golf & Yacht Club
6627 Marina Drive, Manotick, ON K4M 1B3

SPONSORSHIP
OPPORTUNITIES

SPONSORSHIP OPPORTUNITIES

**1 of each available *subject to 13% HST*

61st ODS Golf Day Friday, June 9, 2023

TITLE \$6,000

- 1 x 4 golfers at no charge
- Your logo on the welcome bag, with ODS logo
- Up to 3 inserts in the welcome bag
- 2 minutes podium time

PRIZE \$4,000

- 1 x 4 golfers at no charge
- Up to 2 inserts in the welcome bag

DINNER \$3,500

- 1 x 4 golfers at no charge
- 1 insert in the welcome bag

BAR & BEVERAGE \$2,500

- 1 x 2 golfers at no charge
- 1 insert in the welcome bag

BEVERAGE CART \$2,500

- 1 x 2 golfers at no charge
- 1 insert in the welcome bag

BBQ LUNCH \$2,500

- 1 x 2 golfers at no charge
- 1 insert in the welcome bag

GOLF BALL \$2,500

- 1 x 2 golfers at no charge
- 1 insert in the welcome bag

HOLE IN ONE \$2,000

- 1 x 2 golfers at no charge

DOOR PRIZE \$1,500

- 1 x 1 golfer at no charge

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SPONSOR REGISTRATION FORM

Please indicate your preferred first and second choice of sponsorship below.

**Subject to 13% HST*

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Title
\$6,000 | <input type="checkbox"/> Prize
\$4,000 | <input type="checkbox"/> Dinner
\$3,500 | <input type="checkbox"/> Bar & Beverage
\$2,500 | |
| <input type="checkbox"/> Beverage Cart
\$2,500 | <input type="checkbox"/> BBQ Lunch
\$2,500 | <input type="checkbox"/> Golf Ball
\$2,500 | <input type="checkbox"/> Hole in One
\$2,000 | <input type="checkbox"/> Door Prize
\$1,500 |

Company Name: _____

Address: _____

City: _____ Prov/State: _____ PC/Zip: _____

MAIN CONTACT

Name: _____

Phone: _____ Fax: _____

Email: _____

Names of Golfers: (Title, Prize, Dinner Sponsor: Up to 4 golfers / Bar & Beverage, Beverage Cart, BBQ Lunch, Golf Ball, Hole in One: up to 2 golfers / Door Prize Sponsor: 1 golfer)

Enclosed Payment: \$ _____ HST #8746 93757 RT0001

Method of Payment: Cheque Visa Mastercard AMEX

Card Number: _____ Expiry: ____/____ CCV: _____

Cardholder's Name: _____

Signature: _____

Please complete and return the form to info@ottawadentalsociety.org