



For additional information,
please contact:
Baptist Hospitals of
Southeast Texas Foundation
409.212.6110
Kimberly.Moncla@bhset.net



*A portion of the proceeds
from Cajun Classic will
benefit Cancer Patients
at Baptist Hospitals of
Southeast Texas*

Make plans to join us on **Friday, May 17th**
Four Player Scramble • Beaumont Country Club
Registration: 7:00am • Tee Time: 8:00am



Baptist Hospitals of Southeast Texas, Inc.
P.O. Box 1591
Beaumont, Texas 77704

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**Cajun
Classic**



Baptist
Hospitals of Southeast Texas
FOUNDATION
Cajun Classic



**Friday
May 17th
8:00am**



SPONSORSHIP WITH TEAM

Title Sponsor: \$10,000

Business logo on website; Inclusion in all press releases and social media postings; Business logo on Sponsor Banner at event; Business logo on Sponsor Board at event; 2 teams of 4 players; Business logo on Hole Signage and/or display tent set up at Hole for networking; Opportunity to distribute product and/or promotional items in Golfer Bags

Platinum Sponsor: \$5,000 (choices listed below)

Business logo on all printed publications; Inclusion in all press releases and social media postings; Business logo on Sponsor Board at event; One team of 4 players; Business logo on Hole Signage and/or display tent set up at Hole for networking; Opportunity to distribute product and/or promotional items in Golfer Bags

Your choice of the following:

Golf Cart Sponsor – Company name displayed at Golf Cart location and on Golf Carts

Goodie Bag Sponsor – Name and logo printed on bags

Scorecard Sponsor – Name and logo printed on all scorecards

Early Birdie Sponsor – Company name and logo displayed at breakfast area

Gold Sponsor: \$2,500 (choices listed below)

Inclusion in all press releases and social media postings; Business logo on Sponsor Board at event; One team of 4 players; Business logo on Hole Signage; Opportunity to distribute product and/or promotional items in Golfer Bags

Your choice of the following:

Closest to the Hole – Networking location at Hole #2

Longest Drive Hole Sponsor – Company banner displayed at hole #18

Raffle Area Sponsor – Company name and logo displayed at raffle area

Registration Sponsor – Company name and logo displayed at registration area

Silver Sponsor: \$1,500

Business logo on sponsor board at event; One team of four players; Business logo on Hole Signage on course; Opportunity to distribute product and/or promotional items in Golfer Bags

Team Sponsor: \$650

Business logo on sponsor board at event; One team of four players

SPONSORSHIP WITHOUT TEAM

Photo Sponsor: \$2,000 - Exclusive

Team photos with your sponsor sign in the photo at registration

Door Prize Sponsor: \$1,000

Business name on Sponsor Board; logo on sign placed by door prize table

Supporter – Varies (choices listed below)

Your choice of the following:

Beverage Cart Sponsor - \$500 – Includes company name on one cart (Limit 2 Sponsors)

Hole in One Sponsor - \$500 – Sponsor a hole-in-one cash prize on a Par 3 hole (Limit 4 sponsors)

Hole Sponsor - \$500 – Business to set up a networking station on course or 2 signs on putting green

Golf Ball Sponsor - \$1500 – Includes company logo on sleeve of golf balls given to each golfer

Scoreboard Sponsor - \$500 – Business name displayed on signage in scoreboard area

**The Deadline To Submit
Logos For Sponsorships
Friday, May 3rd**

2024 Cajun Classic Golf Tournament Registration Form

PLEASE PRINT ALL INFORMATION

Team Coordinator _____

Company/Organization _____
(as you want printed on signage)

Address _____

City/State/Zip _____

Telephone _____

Email _____

Team Name (if different than organization) _____

SPONSORSHIP WITH TEAM

Title Sponsor - \$10,000

Platinum Sponsor - \$5,000

Gold Sponsor - \$2,500

Silver Sponsor - \$1,500

Team Sponsor - \$650

Enclosed is my registration and payment. I have included a check in the amount of \$ _____

Enclosed is my registration. Please charge \$ _____ to my credit card.

Cannot attend, but would like to donate the amount of \$ _____

My credit card information is as follows: Visa Mastercard American Express Discover

Name on Card _____

Signature _____

Card# _____

Expiration Date _____ CVV _____

If paying by check, please include this form and mail to:

Baptist Hospitals of Southeast Texas Foundation

3070 College Street • Suite 401

Beaumont, Texas 77701



Mulligans may be purchased at registration.