

For all Inquiries
Sponsorship
And
Reservations
Please Contact:

LYNN ROSEN
PRESIDENT
P.O. BOX 4572
Rome, NY
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(315) 336-6870

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Our Mission

To find new homes for stray,
abandoned, neglected, abused and owner
relinquished animals

Prevent cruelty to all animals

Relieve suffering amongst animals

Rehabilitate and convalesce injured
and abused animals

Provide humane education to our
surrounding communities

**ALL PROCEEDS
GO
TO OUR
NEW BUILDING FUND**

“ We Have a Heart “



The Humane Society Of Rome, Inc.'s

18 Annual
“PAWS ON THE GREEN” Golf
Tournament

**MONDAY
AUGUST 3
2015**

At
Teugega
Country Club





Golfers:
\$500
PER
FOURSOME
INCLUDES
THE
FOLLOWING:

18 HOLES AND CART * DRIVING RANGE
ENTRY GIFT * CURBSIDE SERVICE
LUNCH * BEVERAGES ON THE COURSE
HORS D'OEUVRES * DINNER * PRIZES

ITINERARY:

11:00	registration begins
11:30-12:30	lunch
12:30	shot gun start
6:00	dinner

SPONSORSHIP LEVELS

___ Uranium \$3,000

Shirt Sponsor

(Includes Your Company Logo on Golf Shirts) Foursome, Hole Sponsor, Acknowledgement on our Facebook page, your business link and logo on our Website and email blasts during advertising

___ Titanium \$2,500

Golf Cart Sponsor

(Includes Your Company Logo on Golf Carts) Foursome, Hole Sponsor, Acknowledgement on our Facebook page, your business link and logo on our Website and email blasts during advertising

___ Platinum \$2,000

Includes Foursome, Hole Sponsor, Acknowledgement on our Facebook page, Website and email blasts during advertising

___ Gold \$1,500

Includes Foursome, Hole Sponsor, Acknowledgement on our Website

___ Silver \$1,000

Includes Hole Sponsor, Acknowledgement on our Website

___ HOLE SPONSOR \$200

I would like to make a
DONATION of \$ ____

GOLFER NAME AND ADDRESS:

Phone: _____

Shirt Size (**Men's or Women's**) : _____

GOLFER NAME AND ADDRESS:

Phone: _____

Shirt Size (**Men's or Women's**) : _____

GOLFER NAME AND ADDRESS:

Phone: _____

Shirt Size (**Men's or Women's**) : _____

GOLFER NAME AND ADDRESS:

Phone: _____

Shirt Size (**Men's or Women's**) : _____

Total: \$ _____

Credit Card Information

VISA / DISCOVER / MASTERCARD

Card # _____
Expiration Date: _____

Please make **checks** payable
To: HUMANE SOCIETY OF ROME, INC.