Annual Club Benefit Tournament
SPONSORSHIP REGISTRATION FORM

Southbridge Savannah

Contact Information :

First Name : Last Name :

Address :

Post Code : Phone No : E-Mail :

Sponsorship Information :

Business Organization Name : Website / E-Mail :

Position Business : Phone Number :

Full Address : City

Sponsorship Level :

Which sponsorship level are you selecting for your organization? Sponsorship Amount :

Additional Details Discussed:

SIGNATURE

PRINT

DATE

Please mail and make check payable to:
Southbridge Savannah Golf Club
c/o Chuck Casella
415 Southbridge Blvd, Savannah, GA 31405

THANK YOU!