



## Express Your Support for Divine Mercy School

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Advertise your business or illustrate your support through the purchase of a Tourney Sponsor, Golf Cart or Tee Sign for the:

### ***Divine Mercy Catholic School Golf Scramble***

***All proceeds go toward the 5<sup>th</sup>/6<sup>th</sup> Faith and Science camp trip to Damascus in September***

**Where: Pleasant Valley Golf Course, 4152 Road 17, Payne, OH 45880**

**When: Saturday, September 9, 2023**

**Time: 9:00 AM Shotgun Start, bbq pulled pork lunch to follow**

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All signs will be computer generated.

- 3' x 4' overall size for the Tourney Sponsor Sign.
- 8½" x 11" overall size for the Golf Cart and Tee Signs.

*The Tourney Sponsor and Tee Signs will be placed around the clubhouse and/or the tee boxes.*

*Golf Cart Signs will be placed on the golf carts during the tournament.*

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### **Sponsor Signs Cost:**

- Minimum \$100 for each Tourney Sponsor Sign
  - \$25 for each Golf Cart Sign
  - \$15 for each Tee Sign

***Please fill-out the back of this page representing what you want printed on your sign(s).***

**Individual & Families** – You can express your support with a special message such as: “We support Divine Mercy Catholic School”, or simply have your name(s) or the members of your family placed on the sign(s).

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For each sign purchased, please make a check payable to **Divine Mercy Catholic School** and mail to **Divine Mercy Catholic School, 120 Arturus St., Payne, OH 45880.**

Questions? Call Divine Mercy Catholic School at 419-263-2114.

New Tourney Sponsor signs must be turned in by **August 24<sup>th</sup>** to ensure printing.

<b><i>Sponsorship Level</i></b>	<b><i>Quantity</i></b>	<b><i>Cost</i></b>
<i>Tourney Sponsor</i>		\$100
<i>Cart Sign Sponsor</i>		\$25
<i>Tee Sign Sponsor</i>		\$15
<b><i>Totals</i></b>		<b>\$_____</b>

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Have you sponsored in the past?     Yes                      No   

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Where will you be giving payment?     School     Mail     Paulding Office

Church Offering     Giving to Committee Member     Sending with my Student

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**Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip: \_\_\_\_\_

Phone: \_\_\_\_\_                      Email: \_\_\_\_\_

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***For Office Use Only:***

Amount Due:	Committee Member, Student, Parent, Church Member Taking Info:
Date Registered:	Needs Billed:    YES    NO
Payment Received Date:	Payment Being Put in Church Offering: YES    NO
Receipt Number:	Payment Type:    Check    Cash
Associate Initials Payment Info:	Sending Payment via Mail:    YES    NO