

OFFICE USE ONLY

Account: _____

Date: _____

Check #: _____

Staff: _____



2010 ORDER FORM

Forms received after March 19 will not be listed in program.

CUSTOMER INFORMATION

Date: _____

Sponsor: _____

Contact: _____

Billing Address: _____

Ticket Shipping Address (No P.O. Boxes, please):

E-mail: _____

Phone: (_____) _____

Fax: (_____) _____

Salesman: _____

2010 Championship Program Listing:

(Print name exactly as you wish it to appear. Limited to 44 characters. No logos, tag lines or Web site addresses permitted. **Deadline is March 19, 2010.**)

Do not list me in program

Choose one industry that best represents your company:

- | | |
|---|---|
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Marketing / Communications / Media |
| <input type="checkbox"/> Banking / Financial / Accounting | <input type="checkbox"/> Medical / Healthcare |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Oil / Gas / Energy |
| <input type="checkbox"/> Distribution / Transportation / Shipping | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Restaurant / Food / Beverage |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Securities and Investment Management |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manufacturing / Wholesale / Retail | |

I verify the sponsor information submitted is correct. I agree not to resell.

Signature of person completing order form

ORDER SUMMARY

Please fill in totals from back of form:

Total Patron Sponsorships: \$ _____

Total Pro-Am Sponsorships: \$ _____

Total Add-Ons/Donations: \$ _____

Grand Total Due: \$ _____

Sorry, no faxed orders accepted.

Sponsor declines to purchase in 2010.

Return this form and payment to the address below.

PAYMENT METHOD

Please mark one of the following:

MasterCard



Preferred payment of the HP Byron Nelson Championship

VISA American Express

Please print information below:

Card #: _____ Exp. Date: ____/____/____

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I agree to pay **Grand Total Due** per card issuer agreement.

Cardholder Signature

Check enclosed made payable to:
Salesmanship Club Charitable Golf of Dallas

Bill me. (Note payment due date on reverse side.)



MAY 17-23, 2010

P (214) 742-3896 A PMB 77, 400 S. ZANG BLVD., SUITE 700 | DALLAS, TX | 75208-6642

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BENEFITING SALESMANSHIP CLUB YOUTH AND FAMILY CENTERS

PATRON SPONSORSHIPS

CHAIRMAN'S GUEST* \$3,750

Hospitality venue located on No. 17 Green.
Four Chairman's Guest credentials per day plus choice of:

- or* 20 any day tickets
 10 weekly badges

CHARITY PARTNER \$3,750

Two Gold credentials

*Includes \$3,350 tax deduction

STERLING PATRON \$1,600

Two Sponsor badges plus choice of:

- or* 36 any day tickets
 18 weekly badges

BRONZE PATRON \$750

Two Sponsor badges plus choice of:

- or* 16 any day tickets
 8 weekly badges

BLUE PATRON \$375

Two Sponsor badges plus choice of:

- or* 6 any day tickets
 3 weekly badges

Total Patron Sponsorships: \$ _____

GOLF EVENT SPONSORSHIPS

CORPORATE CHALLENGE \$10,000

Two Gold credentials plus choice of:

- or* 44 any day tickets
 22 weekly badges

GOLD PRO-AM \$10,000

Sold out to new sponsors.

*Must be paid by Jan. 4.

Two Gold credentials plus choice of:

- or* 56 any day tickets
 28 weekly badges

CELEBRITY-AM \$7,500

Two Gold credentials plus choice of:

- or* 56 any day tickets
 28 weekly badges
 Add me to wait list for Gold Pro-Am

CHAMPIONS PRO-AM \$7,000

Two Gold credentials plus choice of:

- or* 56 any day tickets
 28 weekly badges
 Add me to wait list for Gold Pro-Am

CLASSIC PRO-AM \$2,500

Two Sponsor badges plus choice of:

- or* 32 any day tickets
 16 weekly badges

Total Pro-Am Sponsorships: \$ _____

All pro-am sponsorships must be paid in full by February 5, 2010, except the Gold Pro-Am, which must be paid by January 4. NO RAIN CHECKS and NO RESALE.

Please see the online Sponsor Guide for a complete listing of sponsorship amenities at www.hpbnc.org/sponsorsguide. Upon receipt of full payment, the sponsorship amenities will be forwarded to you after February 5.

ADD - ONS

Indicate additional tickets and badges:	SPONSOR	NON-SPONSOR (for orders under \$375)	TOTAL
_____ Any day tickets	\$35 each	\$45 each	\$ _____
_____ Weekly badges	\$70 each	\$90 each	\$ _____
_____ *Chairman's Guest daily credentials (for Chairman's Guest sponsors only)			
Day(s):	Quantity: (maximum of 4 additional per day per sponsorship)		
<input type="checkbox"/> Wednesday	_____	x \$250 each	= \$ _____
<input type="checkbox"/> Thursday	_____	x \$250 each	= \$ _____
<input type="checkbox"/> Friday	_____	x \$250 each	= \$ _____
<input type="checkbox"/> Saturday	_____	x \$250 each	= \$ _____
<input type="checkbox"/> Sunday	_____	x \$250 each	= \$ _____
			Total Add-ons: \$ _____

CHARITABLE DONATIONS

Salesmanship Club Charitable Golf of Dallas is a 501(c)3 charitable organization doing extraordinary work to meet the educational and mental health needs of children and families in our community.

Your contribution is tax deductible to the extent allowed by law.

_____ \$10,000 _____ \$1,000
 _____ \$5,000 _____ other