16th Annual Soup Bowl Open Golf Tournament

Monday August 12, 2019
The Links at Erie Village

www.samcenter.org/our-events/samaritan-center-soup-bowl-open
We are pleased to invite you to the **16th Annual Samaritan Center Soup Bowl Open Golf Tournament**, being held Monday, August 12th 2019.

Through your participation in this tournament, we hope to raise over $30,000 to support the Samaritan Center. Beginning as a brown bag lunch program thirty-eight years ago, the Samaritan Center now serves hot meals 365 days a year.

Our guests include both the young and the not-so-young, those who are well-educated and those who are not, individuals and families, people who are well and those who face the challenge of illness...men, women and children, who have in common their humanity, their poverty and their sincere gratitude for a place of safety and warmth and nutritious meals, offered every day of the year.

More than 90% of the money that is used to support the Samaritan Center comes from local sources and the proceeds from fundraising events, such as the Soup Bowl Open. We depend on people like you to support the work we do, so THANK YOU!

Below are some quick details about the tournament:

- The Links at Erie Village, East Syracuse, NY
- Monday, August 12, 2019
- Registration and lunch starting at 11:30 am
- Shotgun start 1 pm
- Four-person captain and crew
- Dinner immediately after golf
- Long drive, closest to the pin, hole in-one, team prizes and raffle prizes

To register, please return the attached registration form along with your check made payable to *The Samaritan Center*. **Please respond by July 1st.** Space will be filled on a first come, first served basis and we will cut-off registrations at 32 teams.

For more information, call the Samaritan Center at 315-472-0650 ext. 204. The Samaritan Center is a tax-exempt organization. We look forward to seeing you on August 12th, 2019.

Kindest regards,

The Samaritan Center Soup Bowl Committee

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We are a non-profit 501C3 and your donation is tax deductible as allowable by law. Our EIN Number is 16-1328786. A copy of organization’s latest annual financial report may be obtained, upon request, from the Samaritan Center: 215 N. State Street Syracuse, NY 13203 or from the NYS Attorney General’s Charities Bureau: 120 Broadway, 3rd Floor, New York, NY 10271
ANNUAL SOUP BOWL OPEN GOLF TOURNAMENT  
MONDAY AUGUST 12TH, 2019  
REGISTRATION FORM

To reserve a spot/team, please return this registration form by July 1st, along with a check made payable to The Samaritan Center. The earlier you return this form with your payment, the more likely you are to assure yourself / team a spot in this year’s tournament. We register teams on a first come, first served and we will cut-off registrations at 32 teams.

Name:  
Company:  
Address:  
Email Address:  
Phone #:  

Please indicate your level of sponsorship below.

<table>
<thead>
<tr>
<th>Sponsorship Level</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Double Eagle Sponsor</strong></td>
<td>Your company receives a foursome in the event (please complete team names on the back of this form); two tee sponsorships; your company’s banner displayed at the event; listing on the program, Samaritan Center newsletter, web page and marketing materials; table cards displaying your logo on each dining table at lunch and dinner; ability to display company materials at the event and special recognition at lunch and dinner.</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Eagle Sponsor</strong></td>
<td>Your company receives a foursome in the event (please complete team names on the back of this form); a tee sponsorship; listing in the event program; Samaritan Center newsletter, web page and marketing materials.</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>Cart Sponsor</strong></td>
<td>Your company receives a tee sponsorship; your logo displayed on each cart during the tournament; listing in the event program and on the web page.</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Golf Hat Sponsor</strong></td>
<td>Your company’s logo will be printed on the golf hats distributed to registered players the day of the event.</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Dinner or Lunch Sponsor</strong></td>
<td>Your company receives a tee sponsorship; your company’s banner displayed during dinner or lunch; table cards displaying your logo on each dining table; listing in the program and on web page and special recognition at dinner or lunch.</td>
<td>$750</td>
</tr>
<tr>
<td><strong>Business Sponsor</strong></td>
<td>Your company receives a tee sponsorship and a foursome registration - please list your golfer’s information on the back of this form.</td>
<td>$750</td>
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<tr>
<td><strong>Captain a Foursome</strong></td>
<td>Please list golfers’ information on the back of this form - lunch and dinner included for each participant.</td>
<td>$600</td>
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<tr>
<td><strong>Individual Golfer Registration</strong></td>
<td>Individual golfer registration which includes lunch and dinner.</td>
<td>$150</td>
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<tr>
<td><strong>Tee Sponsor</strong></td>
<td>Your company’s name or logo displayed at a tee on the golf course and listed in the event program.</td>
<td>$150</td>
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<tr>
<td><strong>Donation</strong></td>
<td>Sorry I can’t make the event but I would like to make a donation to support the work of the Samaritan Center.</td>
<td>$______</td>
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**Total**
If you plan to captain a foursome, please list the names, email addresses and phone numbers of the members of your foursome below.
If spots are unfilled but you plan to fill them before the tournament, mark “TBD” in the name space(s).
If you’d like us to help fill your foursome, mark “HELP” in the name space(s).

COMPANY NAME (if appropriate) ____________________________

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<thead>
<tr>
<th>Golfer’s Name</th>
<th>Email Address</th>
<th>Phone Number</th>
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Please mail this form, along with your check payable to 
*The Samaritan Center* to 215 N. State Street, Syracuse, NY 13203

Or complete payment information below:

Name on Credit Card ________________________________

Credit Card Number ________________________________

Expiration Date ___________ CVC Code ________________ Billing Zip Code ________________

Thank you for your support.