



Cheyenne Regional Foundation

# IFAM Capital presents 2024 CRMC Foundation Charity Golf Classic

This year's tournament will benefit the CRMC Comprehensive Cancer Center.



August 30, 2024 • Cheyenne Country Club

Registration: 7:00 a.m. and 12:00 p.m. • Shotgun Starts: 8 a.m. & 1 p.m. •

Lunch provided at 12:00 p.m. (for all teams) and awards cocktail hour from 5 -6 p.m.

## Sponsorship Levels

All Pro Sponsor - \$4,000 (2 available)

- 1 team (four players)
- Corporate Signage at designated hole, registration, driving range, & lunch
- Company information in gift bags
- Inclusion in social & print marketing
- Company logo on Tournament Hat for all players  
OR Company logo and ad on Golf Carts

Team - \$750

- One team (four players) entry in tournament

Tee Box or Green Sponsor - \$300

- Corporate signage at designated hole
- Inclusion on social media marketing

Pro Sponsor - \$3,000 (2 available)

- 1 team (four players)
- Corporate Signage at designated hole, registration, driving range, & lunch
- Company information in gift bags
- Inclusion in social & print marketing
- Company logo on tees and pencils  
OR Club Brush for all tournament participants

Team Sponsor - \$1,500

- One team (four players) entry in tournament
- Corporate signage at designated hole, registration, driving range & dinner
- Inclusion in social & print marketing



[cheyenneregional.org](http://cheyenneregional.org)

# Registration Information

Friday, August 30  
Cheyenne Country Club  
800 Stinner Rd • Cheyenne, WY  
Registration will start at 7:00 a.m. • Shotgun start 8 a.m.  
Registration & Lunch 12:00 p.m. Shotgun start 1 p.m.

Company Name / Team \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Select your level of sponsorship and fill out your team information below

All Pro

Pro

Team Sponsor

Team

1) \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Handicap \_\_\_\_\_

3) \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Handicap \_\_\_\_\_

2) \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Handicap \_\_\_\_\_

4) \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Handicap \_\_\_\_\_

Please return this form to:

CRMC Foundation  
214 E. 23rd St.  
Cheyenne, WY 82001

OR

Landon.Brown@crmcwy.org

Register by Phone or Online:

(307) 633-7667 • [give.cheyenneregional.org](http://give.cheyenneregional.org)



[cheyenneregional.org](http://cheyenneregional.org)