



Katie's Star Memorial Fund

# Katie's Star 10<sup>th</sup> Anniversary Golf Tournament

**Where: Ravenwood Golf Club in Victor, NY**

**When: Friday July 22, 2016**

**Registration at 11am tee off at 12:30pm**

**Best Ball**

**18 holes with cart**

**\$140 per individual**

**\$500 as foursome**

This fund is named for Katie Maiellano who was an organ donor in 2006, saving the lives of several individuals. Her legacy continues through this fund, which is designed to help others in need, as Katie did throughout her twenty-two years of life.



## Corporate Sponsorships

**Gold: 18 holes of golf, carts, lunch and dinner for 4, full page ad, hole sponsorship of choice \$2000.00**

**Silver: 18 holes of golf, carts, lunch and dinner for 4, half page ad, and a hole sponsorship \$1500.00**

**Bronze: 18 holes of golf, carts, lunch and dinner for 4, quarter page ad, and a hole sponsorship \$1000.00**

**Dessert Sponsor: Quarter page ad and sign at dessert table \$750.00**

**Beverage Cart Sponsorship: Quarter page ad and sign on Beverage Cart \$500.00**

**Practice Green Sponsorship w/ business card ad \$500.00**

**Hole Sponsorship w/ business card ad \$250.00**

**Program Advertisements: (3x2) \$50.00, (4-1/4x5-1/2) \$90.00, (8-1/2x5-1/2) \$150.00, (8-1/2x11) \$275.00**

**Dinner Only \$40.00**

Please send logos & advertisement specifics to:  
PO Box 111 Wyoming, NY 14591 or to [KSMFgolf@gmail.com](mailto:KSMFgolf@gmail.com)  
Attention KS



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# Registration Information

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All Registration Information must be received by June 24<sup>th</sup>, 2016

Please make checks payable to: Mike Maiellano with Katie's Star Fund in the subject line.

Mail to: PO Box 111  
Wyoming, NY 14591

Also accepting credit/debit card payments/donations via PayPal. Send funds to email address [KSMEgolf@gmail.com](mailto:KSMEgolf@gmail.com). Please include your personal information and what you are paying for in comment section (single golfer, foursome, sponsorship, dinner only etc.).

**Team Captain/Player # 1** \_\_\_\_\_

**Player # 2** \_\_\_\_\_

**Player # 3** \_\_\_\_\_

**Player # 4** \_\_\_\_\_

**Team Captain Information:**

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

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Sponsorship Selection (if any):** \_\_\_\_\_

**Number of Dinner Only Tickets:** \_\_\_\_\_

**Donation amount enclosed:** \_\_\_\_\_

Thank you in advance for your donation and your support!

